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**TOTAL ARMY INJURY AND HEALTH
OUTCOMES DATABASE:
DESCRIPTION AND CAPABILITIES**

**U S ARMY RESEARCH INSTITUTE
OF
ENVIRONMENTAL MEDICINE
Natick, Massachusetts**

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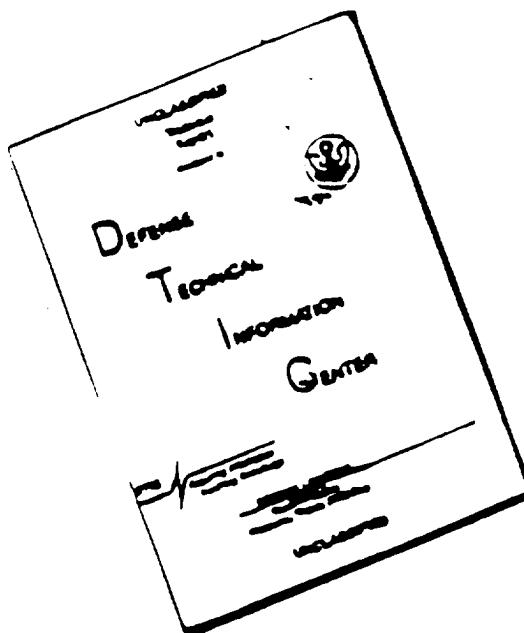


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**Technical Note
TN 97-2**

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DATABASE:**

DESCRIPTION AND CAPABILITIES

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BACKGROUND

The U.S. Army Medical Research and Materiel Command (USAMRMC) manages and executes a worldwide research and development (R&D) mission aimed at military medical problems of importance to national defense. The medical R&D programs within the command provide data and material necessary to protect, maintain, or restore the health of the individual service member. At the U.S. Army Research Institute of Environmental Medicine (USARIEM), a subordinate command of USAMRMC, the Military Performance Division conducts epidemiological study of injuries among Army personnel.

Women presently comprise almost 14% of the active Army. This percentage is forecast to grow to 20% by the year 2005. Army leadership has long recognized the need for medical and epidemiological research efforts to expand the operational roles of women in performance of the military mission. In 1994, in support of the need to examine the health issues of women in the military, congress appropriated \$40 million dollars to initiate the Defense Women's Health Research Program (DWHRP).

In August 1994, the DWHRP Tri-service Review Panel approved funding for USARIEM's protocol OMD95001-AP-H001 entitled "The Impact of Injuries on the Health and Readiness of Women in the Army from 1980-1994." The protocol was designed to investigate injuries among women in the Army over a 15-year period (1980 to 1994) by combining existing personnel and medical outcomes data from various Army and Department of Defense (DoD) sources into a single relational database. The intent was to provide policy makers, commanders, and researchers with vital information for the prevention of the injuries that cause the greatest morbidity and mortality for women in the Army. In December 1994, the protocol received final human use approval.

The Total Army Injury and Health Outcomes Database (TAIHOD) was created and demographic parameters assigned, as the initial action. This relational database, maintained at USARIEM, provides the ability to link personnel records on the total active duty Army population with one or more of the following outcome measures: hospitalizations, lost-time injuries, physical disabilities, and fatalities. Since data are not restricted to a specific gender, appropriate statistical comparisons and inferences with respect to populations can be made. An amendment to the protocol, approved in July 1995, allowed for the addition of Health Risk Appraisal (HRA) survey data.

The TAIHOD represents a versatile system which currently encompasses components of six master databases. Carefully structured data queries using the TAIHOD will support epidemiological health research in injury control, occupational hazards, health promotion, and disease prevention.

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LIST OF ABBREVIATIONS AND ACRONYMS

ACIPS	Army Casualty Information Processing System
ASMIS	Army Safety Management Information System
DMDC	Defense Manpower Data Center
DoD	Department of Defense
DWHRP	Defense Women's Health Research Program
HRA	Health Risk Assessment
ICD9	International Classification of Disease, 9th Edition
IPDS	Individual Patient Data System
MOS	Military Occupational Specialty
MTF	Medical Treatment Facility
NATO	North Atlantic Treaty Organization
OUSD(P&R)	Office of the Under Secretary of Defense for Personnel and Readiness
PDCAPS	Physical Disability Computer Assisted Processing System
STANAG	Standardization Agreement
TAIHOD	Total Army Injury and Health Outcomes Database
USAMRMC	U.S. Army Medical Research and Materiel Command
USARIEM	U.S. Army Research Institute of Environmental Medicine
USACHPPM	U.S. Army Center for Health Promotion and Preventive Medicine
VASRD	Veterans Administration System for Rating Disabilities

EXECUTIVE SUMMARY

The impact of injuries on the mission, readiness, and budget of the Armed Forces is dramatic. To uncover the complete spectrum of injury morbidity and mortality among servicemembers, the U.S. Army Research Institute of Environmental Medicine (USARIEM) developed a research database, the *Total Army Injury and Health Outcomes Database* (TAIHOD).

The TAIHOD is a versatile system that joins multiple personnel and health datasets from six separate Defense Department agencies. All data components are linked by social security number at the level of the individual soldier. The TAIHOD links three general categories of data: demographics (the parameters for the denominator); outcomes (hospitalizations, lost-time injuries, permanent disabilities, and fatalities); and self-reported health habits and risk-taking behavior from surveys.

Each agency, at the request of USARIEM, created a dataset that included only active duty Army soldiers. These datasets were then transferred to a single high capacity computer server at USARIEM. Research epidemiologists at USARIEM will use the databases to directly link Army personnel records and self-reported health habits to specific health outcomes, and to trace the interrelationship of these outcomes over time.

Each individual data component in the TAIHOD offers an extraordinary source of data for study. The ability to link all of these data components at the level of the individual soldier provides a truly extraordinary opportunity for research. The following initial analyses are proposed:

- Determination of the incidence, prevalence, and trends of injury among female and male soldiers by diagnostic category, and by location/body part.
- Identification of important causes of injuries.
- Determination of the sub-populations at greatest risk of injury, including high-risk military occupational specialties.
- Determination of the incidence of training-related and sports injuries.
- Determination of the relative morbidity and mortality from injuries versus illness or disease.
- Estimation of the costs associated with injuries and illnesses.
- Comparison of Army rates of injury to nationally established population health objectives (**Healthy People 2000** objectives).
- Identification of important causes of premature discharge from service.
- Recommendations to policy makers and commanders for injury and illness prevention program development, appropriate surveillance, and future research focus.

INTRODUCTION

THE TAIHOD'S FUNCTION IN INJURY PREVENTION AND RESEARCH

The cumulative impact of all injuries among Army personnel is a critical issue directly affecting the mission, readiness, and budget of the Armed Forces as a whole. Injuries are the most common source of lost person-years of productive life, lost time from work, and the most frequent cause of death in the U.S. among persons under the age of 45. In addition, the long range consequences of injuries are often hard to forecast and may be very costly. Long-term disability may be delayed for months or years from the acute manifestations of an injury. Analysis of broad categories of data, from multiple sources, over long periods of time (in this case, 15 years) will give researchers an improved understanding of where to optimally focus injury and illness prevention resources. Research inquiry is also essential to improve the efficiency and power of surveillance programs. By exposing deficiencies in data quality, research efforts provide valuable feedback to data collection agencies and ultimately increase the accuracy and efficiency of surveillance programs.

The TAIHOD is an important analytical research tool with application to the complete spectrum of adverse health outcomes among Army personnel. It also has the potential to incorporate new *sources* of data, or *additional years* of data in the future. Six DoD agencies provided data for this project, which was initiated with funding from the 1994 Defense Women's Health Research Program (DWHRP). All of these agencies continue to collect data that may be incorporated into the TAIHOD.

Data from six agencies' master databases, each representing a powerful research tool in its own right, were extracted and transferred to the TAIHOD database by Internet file transfer protocol (FTP), magnetic storage media, or CD-ROM. The TAIHOD project officer, an epidemiologist at USARIEM, then downloaded the data to create the TAIHO database. The result is a relational database that links Army personnel records and self-reported health habits to specific health outcomes using social security numbers as the key.

RESEARCH VS. SURVEILLANCE

The TAIHO database was designed to serve as a *research* tool. While epidemiological research using large databases may be simple in concept, it is immensely complicated in its details. The use of databases for *surveillance* is a process that monitors known causes of injury and illness and tracks rates and trends. Surveillance is distinguished from research by the use of methods that are standardized, practical, and quick, but not necessarily the most accurate. In contrast, research inquiry demands sufficient precision to withstand rigorous statistical and scientific scrutiny. Research may employ either retrospective or prospective analyses while seeking to identify *new* risk factors or causes of injury and illness.

Epidemiological research also strives to improve the process of surveillance by exposing data inaccuracies and uncovering previously unrecognized relationships. An additional benefit of research may be the development of new methodologies that make the surveillance process more productive, efficient, and accurate. Surveillance efforts, by monitoring the most important trends in injury and illness, can help establish the rationale for research requirements. Research and surveillance therefore are complementary activities; each represents a vital component of any comprehensive injury or illness control program.

An Overview of the Six Master Databases

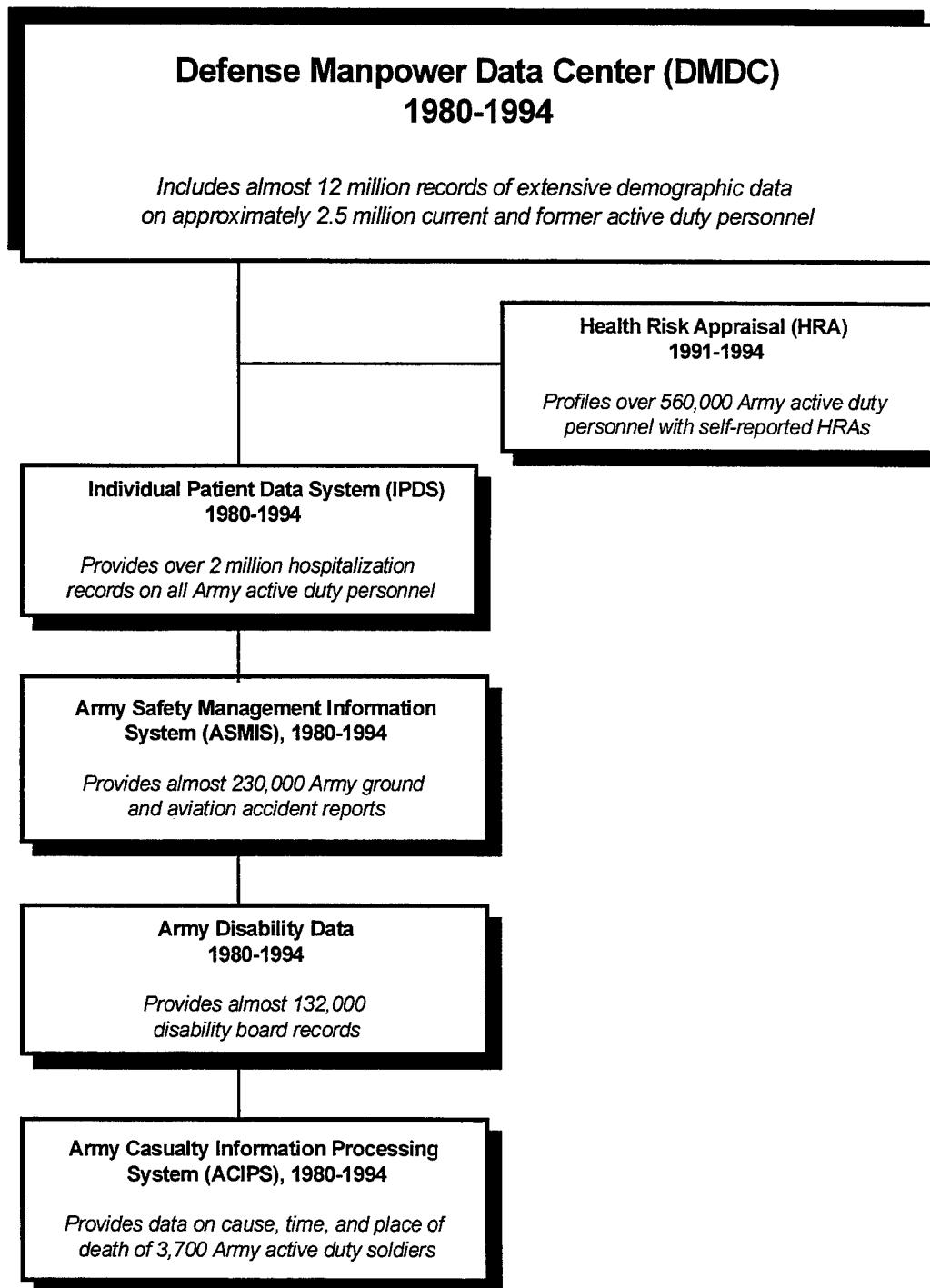
- The *Defense Manpower Data Center (DMDC) dataset*, the core of the TAIHOD, already includes over 12 million soldier records and serves primarily to isolate subpopulations for study and to provide demographic control variables. The DMDC loss files also contain service discharge codes--important outcome variables.
- The *Individual Patient Data System (IPDS)* initially provided over 2 million hospitalization records covering all Army personnel admitted to Army medical treatment facilities (MTFs) and civilian hospitals from 1980-1994. Although the IPDS was not specifically implemented for the purpose of injury epidemiology or prevention, its comprehensive nature and highly standardized and complete record systems make it an especially useful tool for injury and health research. The presence of an extensive cause of injury coding system and the ability to track readmission gives these data exceptional power.
- The *Army Safety Management Information System (ASMIS)* contains detailed cause and activity data on almost 250,000 ground and aviation “accidents” involving equipment, weapons systems, and vehicles involved in crashes. Additional details on many hospital and fatality cases are also available. This database contains many cases not serious enough to require hospitalization and, therefore, provides a crucial window to outpatient injuries as well.
- The *Army Disability* dataset provides records on over 132,000 disability board cases, with functional disability ratings according to the Veterans Administration System for Rating Disabilities. When linked to the other TAIHOD components, hospital ICD9 codes, as well as career statistics, can also be evaluated. The ability to link hospital records to disability cases is yet another unique strength of the TAIHOD.

- The *Army Casualty Information Processing System (ACIPS)* provides data on the cause, time, and place of death of 3,700 Army soldiers. By linking casualty data to safety and hospitalization data, very elaborate fatality studies can be accomplished. The use of self-reported health habits and risk-taking behavior will also allow many risk factors for injury fatalities to be evaluated.
- The *Health Risk Assessment (HRA)* dataset already includes almost 600,000 surveys administered to active duty Army soldiers. These files include self-reported health habits such as diet, exercise, tobacco and alcohol use, stress, job-satisfaction, risk-taking behavior, and health care utilization. By analyzing this information against other TAIHOD files for the same Army sub-populations, USARIEM can determine the relationship between health habits and the incidence of injury and illness.

As shown in Figure 1, the TAIHO database is a versatile system that can link three types of data:

- Demographics (DMDC--the parameters for the denominator).
- Outcomes: hospitalization (IPDS), lost time (ASMIS), disability (PDCAPS) and death (ACIPS).
- Self-reported health habits (HRA).

FIGURE 1
TAIHOD: AN OVERVIEW



SAMPLE INQUIRIES

To help explain how the TAIHOD could be used, four entirely fictitious sample inquiries are illustrated below.

A Major Command Injury*

The U.S. Army Forces Command Surgeon contacts the TAIHOD project officer with the observation that a number of individuals at Fort Hood have sustained musculoskeletal injuries--three back sprains, one shoulder sprain, and several ankle sprains--while attempting to perform training using a particular artillery system. It appeared to the Command Surgeon that transfer of projectiles between the resupply vehicles and the weapon was implicated in all injuries.

The U.S. Army Research Institute of Environmental Medicine is asked to provide a review of available data to determine the incidence of injuries associated with the weapon system operation, within Army units worldwide, in an effort to assess injury statistics and identify if an unusual number of injuries were associated with the weapon system at Fort Hood, in particular.

For this inquiry, the project officer used the TAIHOD to review all safety reports involving this particular weapon system. By linking the ASMIS injury cases to personnel records from the DMDC, the data verified that the injuries in the artillery crews using the weapon system at Ft. Hood were more frequent than at other installations using the same system. However, an analysis of the individual injured-soldier characteristics revealed that they were all within their first month of assignment to Fort Hood. When informed of this finding, the Command Surgeon discovered that a failure to train new soldiers on safety procedures before allowing them to operate the weapon system was the likely problem. The resulting action was a reevaluation of the safety procedures used in the early steps of the transfer procedure, the development of a general safety training package, and a program that prevents new soldiers from operating the artillery system until they have passed an operational test. Corrective actions were promptly implemented for active crew members and incorporated into the Advanced Infantry Training Program of Instruction.

*This fictitious example is designed only to illustrate the value of linked data to injury prevention programs.

A School's Inquiry*

A medical instructor at the U.S. Army Aviation Center and School has been directed to develop a program of instruction for flight surgeons concerning loss control and risk-taking behaviors among female soldiers. It is hoped that alteration of risk-taking behaviors will reduce the frequency and severity of injuries in this group.

For this inquiry, the medical instructor contacted the TAIHOD project officer to determine the relationship between health habits and the incidence of injury and illness among women in the Army. Using the DMDC and HRA databases, the project officer provided detailed health habit and risk-taking behavior profiles on soldiers who receive hazardous duty pay:

- Drinking habits.
- Hours of sleep per night.
- Typical travel mode (e.g., walk, motorcycle, compact car, mid-/full-size car, bus/train/subway or truck).
- Smoking habits including the number of cigarettes/cigars/pipes of tobacco smoked per day.
- Likelihood of driving with an intoxicated driver.
- Percentage of time wearing seat belt.
- Prevalence of suicidal ideation.
- Body Mass Indices.
- Estimates of degree of social stress.

The information was collated and provided to the medical instructor with supportive documentation for the course lesson plan. Armed with this information, the newly assigned flight surgeons were better equipped to understand the unique attributes and health habits of the specific populations under their care. As a consequence of this information, the medical officers were able to discuss preventive measures such as encouraging seat belt use, cessation of tobacco use, and education about drinking and driving. The new medical officers were prepared to intervene at both the unit level and at the level of the individual patient.

*This fictitious example is designed only to illustrate the value of linked data to injury prevention programs.

Validation of an Injury Intervention*

Parachute injuries are a major cause of injury among Army soldiers. In late 1992, USARIEM conducted a randomized trial of an outside-the-boot parachute ankle brace (PAB) to reduce ankle injuries among military parachutists. This study demonstrated marked reductions in ankle injury rates among the test volunteers. This effort led to the subsequent purchase of 30,000 pair of the ankle braces for Army jumpers.

Good injury prevention efforts do not end with the initial demonstration of favorable results. It is also important to validate these results in a real world situation using actual Army jumpers--not just test volunteers. Unfortunately, conducting such a study would normally be quite expensive.

The TAIHOD database was called upon for a low cost solution.

To examine the utility of the PAB among actual tactical parachuting populations, the TAIHOD project officer conducted the following analysis: All parachute injuries were identified within the Safety Database (ASMIS) and Hospitalization database (IPDS). A time line was then created using PAB shipping records from the manufacturer of the ankle braces. In this way, it was possible to identify which units received ankle braces and when. By grouping injured and uninjured soldiers by unit zip code, and comparing units that had braces to units that did not, it was possible to demonstrate that the injury rates generally went down several months after receipt of the braces. This analysis failed to detect any significant increase in non-ankle injuries among units with braces for use. This implies that the brace does not cause injuries--a concern among many Airborne soldiers.

While this remote study does not *prove* the efficacy of the PAB, it lends considerable support to the belief that they are indeed effective in an operational environment, and may eliminate the need for expensive follow-on field studies.

*This fictitious example is designed only to illustrate the value of linked data to injury prevention programs.

Prediction of Disability Discharge*

The annual cost of new disability cases is presently close to 1/2 billion dollars for the Army alone. Descriptive analysis of Army disability discharges reveals that the single most common cause of disability severe enough to result in discharge from service is instability of the knee. Furthermore, analysis of the trend of these injuries reveal that they were relatively stable until 1985, began to increase and more than doubled by 1991, then leveled off at the higher plateau.

Examination of the demographics of the disability cases revealed that they were most likely to be soldiers with an infantry or combat engineer Military Occupational Specialty (MOS). When the results were linked to HRA data, it was discovered that the disabled population was far more likely to have reported higher frequencies of aerobic exercise.

Discussions between the TAIHOD project officer and Army policy makers reveal that 1985 was the year that mandatory biannual Army Physical Fitness Training was initiated. From these data, a hypothesis was generated that this epidemic of knee injury was related to a change in policy and a potential for over-training among certain career fields (infantry and combat engineers). With this information, a prospective study was designed by injury epidemiologists at USARIEM, and alternative training programs were developed. The training programs resulted in lower injury rates without reducing overall fitness levels.

*This fictitious example is designed only to illustrate the value of linked data to injury prevention programs.

PERSONNEL DATA (DEFENSE MANPOWER DATA CENTER)

BACKGROUND

The Office of the Assistant Secretary of Defense for Manpower and Reserve Affairs established the DMDC in 1974 to collect accurate, readily available manpower and personnel data. This was a time of great turbulence in the DoD. The Southeast Asian conflict had just ended, active military forces and military personnel strengths were being reduced significantly, the Total Force Policy was being initiated, and the All-Volunteer Force era had just begun.

Though its name and supporting activity have changed over the years, the DMDC continues to collect, maintain, and build a historical archive of personnel files on all active duty soldiers. In addition, the center's mission includes the following:

- Supporting the information requirement needs of the Office of the Under Secretary of Defense for Personnel and Readiness (OUSD[P&R]) and other members of the DoD manpower and training communities with accurate, timely, and consistent data.
- Operating DoD-wide personnel programs and conducting research and analysis as directed by the OUSD(P&R).

History of DMDC

1974	Established as a DoD Activity within the Navy and named the Manpower Research and Data Analysis Center.
1976	Renamed the Defense Manpower Data Center as a field activity of the Office of the Assistant Secretary of Defense for Manpower and Reserve Affairs.
1977	Transferred to the Defense Logistics Agency for administrative support.
1991	Designated a Defense Support Activity by the Defense Logistics Agency.

PERSONNEL RECORDS

Personnel records from the DMDC, representing the core of the TAIHOD, provide the ability to precisely define the parameters for the denominator and then selectively analyze the health outcomes for virtually all Army service members. The DMDC variables used in the TAIHOD are provided in Appendix A. The types of personnel data, total number of records, and percentage of female records associated with the DMDC are shown in Figure 2.

DMDC is *not* a primary personnel data source.

- Personnel records are reported to the DMDC by the *Total Army Personnel Center*.
- Pay records are reported to the DMDC and the *Army Finance Center*.

Types of Personnel Data

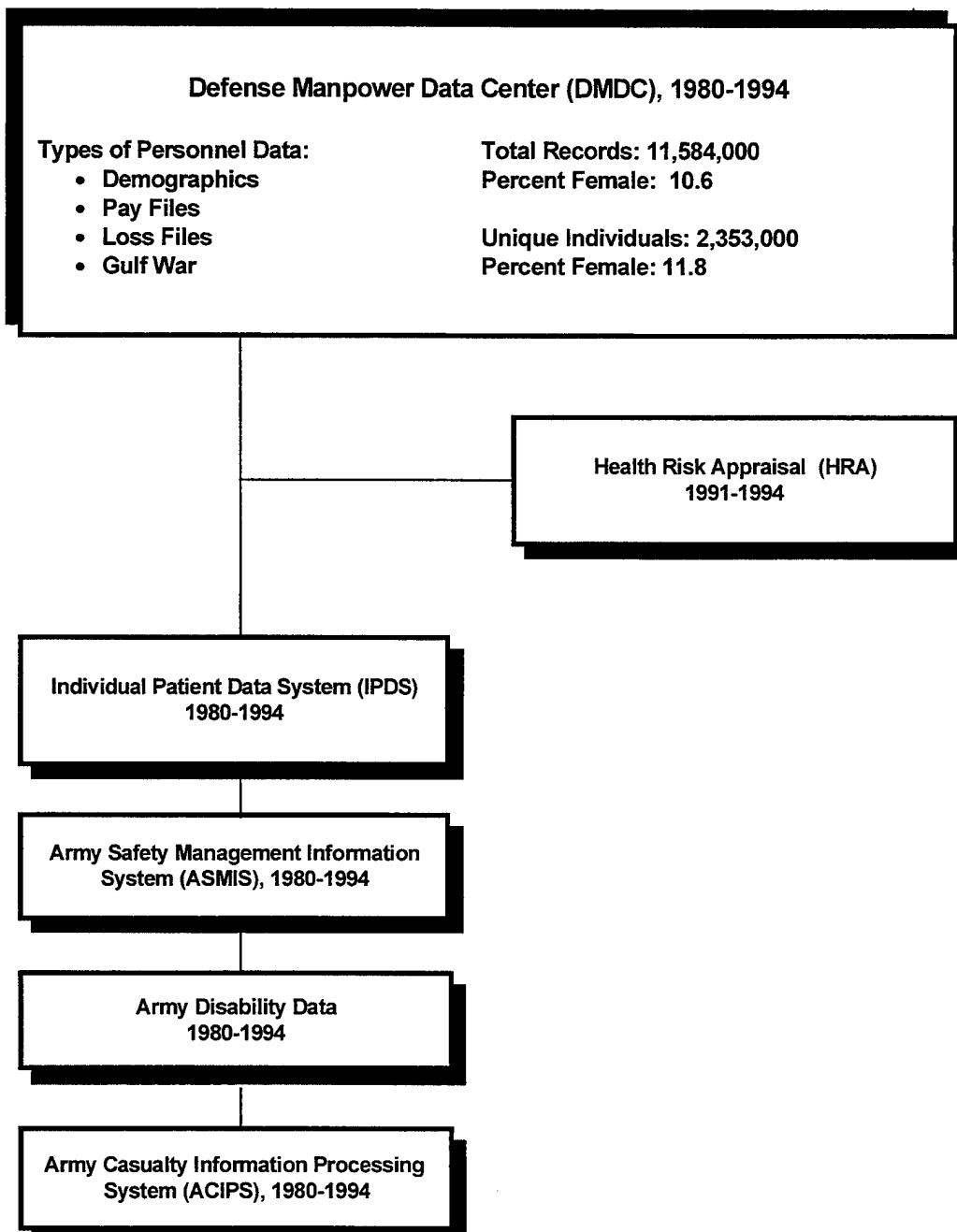
Demographic Files. Demographic variables (such as age, gender, race, ethnic group, rank, unit zip code, marital status, number of dependents, home of record, military occupational specialty [MOS], education level, and total months in Federal service) are available on virtually all Army service members. This information may be linked with any of the five current components. To maintain confidentiality, the social security numbers are scrambled and all names are eliminated from the TAIHOD database. Currently, there are almost 12 million records on approximately 2.5 million current and former active Army service members in the demographic file.

Pay Files. Separate pay files for hazardous duty address parachuting, flying, diving, combat, hostile fire, and environmental stress allow identification and analysis of these high risk groups.

Loss Files. In addition, separate loss files were obtained for each year, allowing precise determination of each service member's date of arrival and departure from the Army. The loss files include codes for reason for discharge (i.e., retirement, misconduct, end of tour, etc.).

Gulf War. The database also contains files on Army Reserves and National Guard activation/deployment and active Army deployment during the Gulf War, as well as data on other Army National Guard and Reserve Soldiers on active duty.

FIGURE 2
PERSONNEL DATA



HOSPITALIZATION DATA (INDIVIDUAL PATIENT DATA SYSTEM)

BACKGROUND

The IPDS was developed at the U.S. Army Medical Department Center and School in San Antonio, Texas, and is managed by the Directorate of Patient Administration System and Biostatistics Activity. Authority and responsibility to operate the IPDS are prescribed in AR 40-400.

As a computerized repository of demographic and medical data on all Army personnel admitted to Medical Treatment Facilities (MTFs) and civilian hospitals, the IPDS provides the following:

- Data for planning, managing, and evaluating the Army Medical Department (AMEDD) Medical Care System at Headquarters, Department of the Army, major Army command headquarters, and individual MTF levels.
- Data for medical and epidemiological research.
- Data retrieval in response to inquiries from the U.S. Army Medical Command (formerly the U.S. Army Health Services Command); Office of The Surgeon General and other DA components; DoD; Congress; federal agencies; and other authorized organizations and individuals.
- Management reports and special retrievals for hospital commanders and staff.

Although the IPDS was not specifically implemented for the purpose of injury surveillance or prevention, the completeness and standardization of the data support medical research, including epidemiological studies. This component has great potential value for routine medical and injury surveillance.

The influence of health habits and behavior on hospitalization can also be studied using the HRA data.

HOSPITALIZATION RECORDS

Through the IPDS master database, the TAIHOD has access to active duty personnel hospitalization records since 1980. The IPDS hospitalization variables used in the TAIHOD are provided in Appendix B. The types of hospitalization data, total number of records, and percentage of female records associated with the IPDS are shown in Figure 3.

Types of Hospitalization Data

Demographics. The demographic variables include age, race, gender, and Military Occupational Specialty (MOS).

Diagnoses. Using standard methods, specific discharge diagnoses were abstracted from the medical record and then coded according to the *International Classification of Disease* (ICD) codes:

- During the years 1980-1985, the 9th Revision (ICD-9) was used.
- For 1989 forward, the 9th Revision, Clinical Modification (ICD-9-CM) was used.

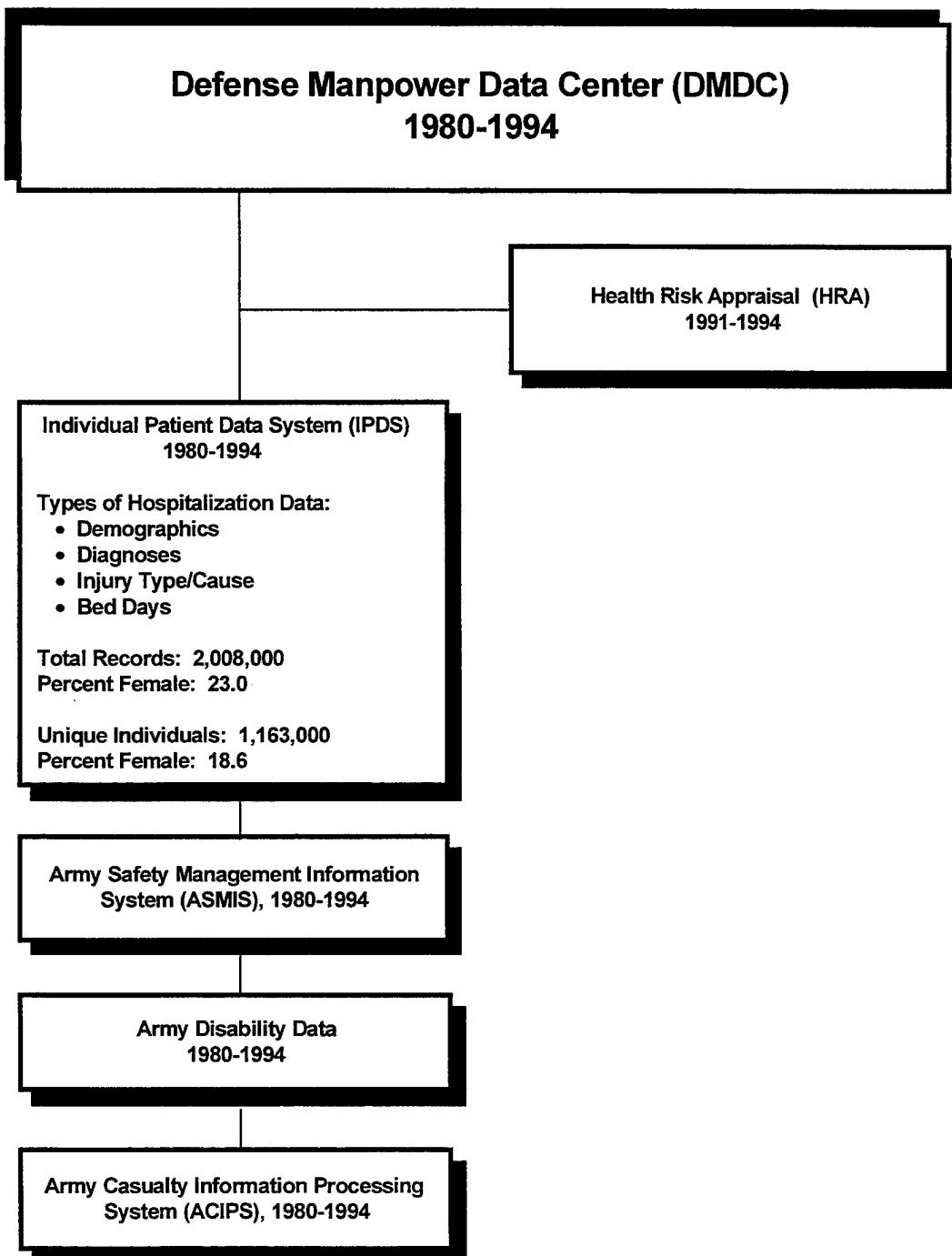
Up to eight diagnoses and procedures were entered for each discharge. Included in the ICD were diagnoses classified as "supplemental classification of external causes of injury and poisoning" (E800-E999). This set of codes, with few exceptions, is not used by the Army. Instead, the Army recognizes the NATO/STANAG 2050 Coding System. A future report will present findings of an assessment of cause of injury according to the NATO/STANAG 2050 coding system. An abbreviated list of ICD9 and NATO/STANAG 2050 Codes appear in Appendix C.

Injury Type/Cause. The cause-of-injury codes are available on virtually 100 percent of soldiers hospitalized for injury. These three part codes classify not only the activity at the time of injury, but also intent and location. Appendix C, Section II provides a detailed list of the cause of injury codes.

Bed Days. In addition, the IPDS captures the number of days on the hospital rolls (i.e., in a hospital bed or on convalescent leave).

Non-Army hospitalizations. Active Army soldiers hospitalized in civilian hospitals are also included ("absent sick cases"). Records of Army personnel hospitalized in Navy and Air Force facilities were obtained from another source. There are over 2 million hospitalization records in this database, making it one of the richest and most comprehensive of its kind.

FIGURE 3
HOSPITALIZATION DATA



LOST-TIME INJURY DATA (ARMY SAFETY MANAGEMENT INFORMATION SYSTEM)

BACKGROUND

The U.S. Army Safety Center, located at Fort Rucker, Alabama, developed and maintains the ASMIS to track and compare frequencies and rates of ground and aviation “accidents”* (i.e., unintentional injuries and events). Injuries resulting from hostile action, homicides, suicides, and illness are excluded. The authority for ASMIS is prescribed in AR 385-40.

The unique strength of the ASMIS database is the detailed cause and activity data on almost 250,000 ground and aviation “accidents” involving equipment, weapons systems, and vehicles in “accidents.” The ASMIS overlaps with the IPDS (hospitalization) and ACIPS (casualty) databases, thereby allowing analyses that would otherwise not be possible. In addition, this database contains many cases not serious enough to require hospitalization and, therefore, provides an important window to outpatient injuries.

LOST-TIME INJURY RECORDS

The ASMIS records lost-time injuries and fatalities and includes a narrative description of how the event occurred. The descriptions are extracts from “accident” reports (DA Form 285), which are filed by individual Army units (see Appendix D). The “accident” reports are equivalent to the Occupational Safety and Health Administration’s recordable injury reports in the civilian workforce, with one exception: the ASMIS also records injuries occurring off the job, if they result in lost time from work.

Because the ASMIS contains descriptive reports for almost all reported injuries and fatalities, it has the following capabilities:

- offers the opportunity to identify differences in the distribution of injuries by a variety of causal factors.
- provides information especially valuable for illuminating the circumstances under which fatal injuries occur.

* “Accident” is a term used historically to identify events resulting in unintended property damage or personal injury. Because the term fatalistically implies randomness and an inability to prevent these events, its use is discouraged by injury control practitioners. For this reason, the word “crash” has frequently been substituted for “accident” within this document. Where this was awkward or impractical “accident” appears in quotes for emphasis.

The ASMIS variables for aviation and ground injuries used in the TAIHOD are provided in Appendix E. The types of lost-time injury data, total number of records, and percentage of female records associated with the ASMIS are shown in Figure 4.

Types of Lost-Time Injury Data

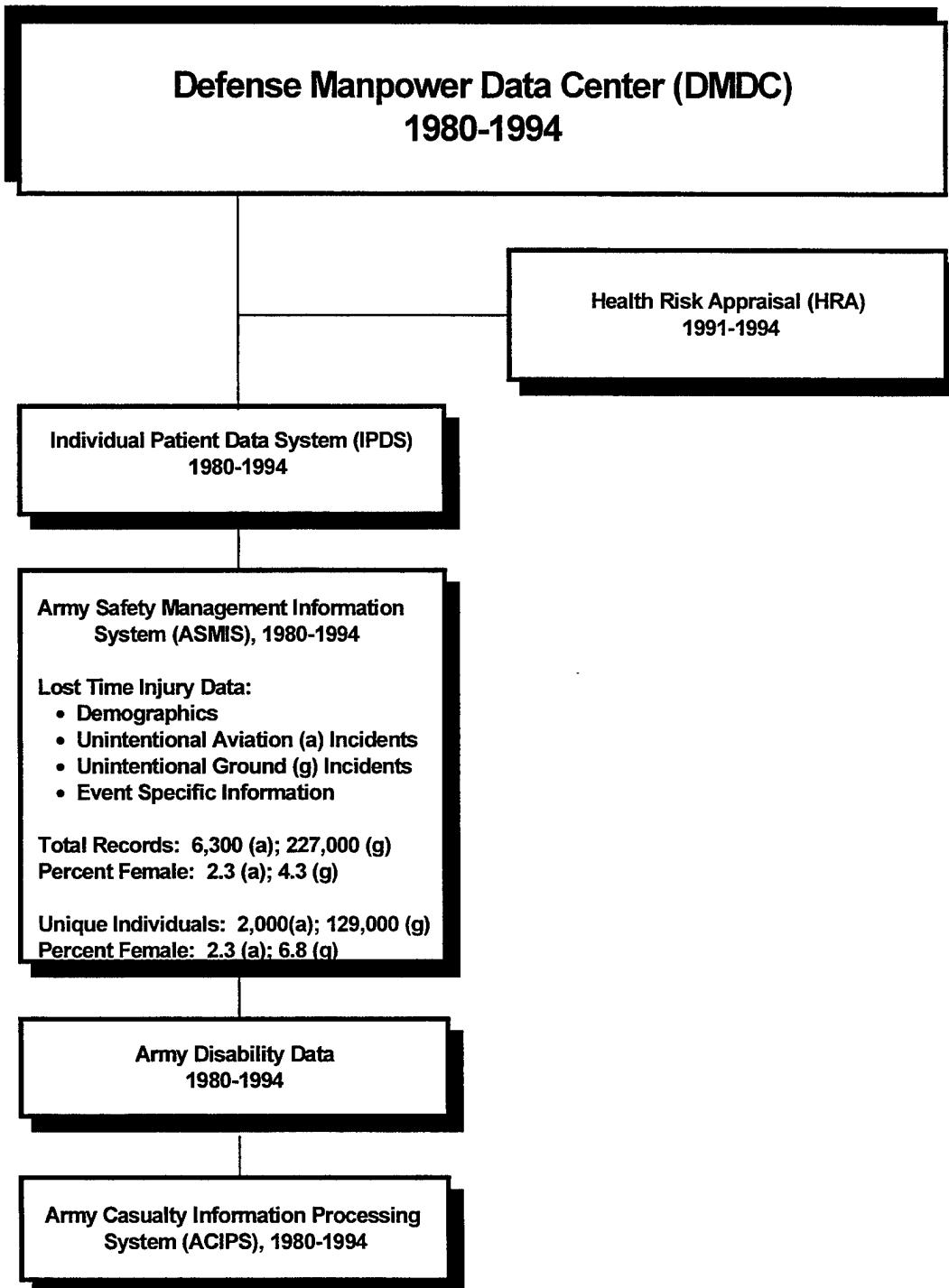
Demographics. The variables include gender, grade, branch, and MOS.

Unintentional Aviation Incidents. The variables include date of injury, type of injury, severity of injury, days of limited duty, days in the hospital, and injury cost.

Unintentional Ground Incidents. The variables include date of injury, place of occurrence, severity of injury, days of limited duty, days in the hospital, and injury cost.

Event Specific Information. The variables in this category describe the activity at the time of event; training relatedness; type and cause of injury (e.g., severity/body parts involved, personal protective equipment use, drug use, and environmental conditions); and costs (e.g., damage cost, injury cost to person, and total injury cost).

FIGURE 4
LOST-TIME INJURY DATA



DISABILITY DATA (U.S. ARMY PHYSICAL DISABILITY DATABASE)

BACKGROUND

The disability database is managed as the Physical Disability Case Processing System (PDCAPS) at Walter Reed Army Medical Center, Forest Glenn Annex, Washington, D.C. The authority for this database is prescribed from AR 635-40.

This TAIHOD component presently contains 15 years of disability board records and includes functional disability ratings according to the Veterans Administration System for Rating Disabilities (VASRD). In addition, most Army disability discharges result in a hospital record at the facility that processes the Medical Evaluation Board (MEB). Such cases are "carded for record only" (CRO). When linked to disability cases, hospital ICD9 codes from the IPDS data, as well as longevity on active duty from the DMDC data, can also be considered in the analysis. The VASRD focuses on *physical limitations*, while the ICD9 systems focus is on *specific diagnoses*. The ability to link disability records to hospital and personnel records is yet another unique strength of the TAIHO database. In addition, the entire history of previous hospitalizations during military service can also be studied.

The economic impacts of injuries among soldiers should not be underestimated. The Veterans Administration currently makes payments to disabled veterans that approach one billion dollars per month. Almost half of this amount is related to musculoskeletal injury. The Army currently estimates the annual cost of its disability cases (present value) to be approximately \$500 million dollars per year. The prevention of even 5% of Army injuries could provide capital savings to fund injury prevention efforts for many years and could, in turn, reduce injury morbidity considerably.

DISABILITY RECORDS

The list of disability variables used in the TAIHOD are provided in Appendix F. The types of disability data, total number of records, and percentage of female records associated with the disability databases are shown in Figure 5.

Types of Disability Data

Demographics. The demographic variables include age, gender, race, branch, ethnic group, rank, MOS, and total months in service.

Case Specific Information.

Percentage of Disability.

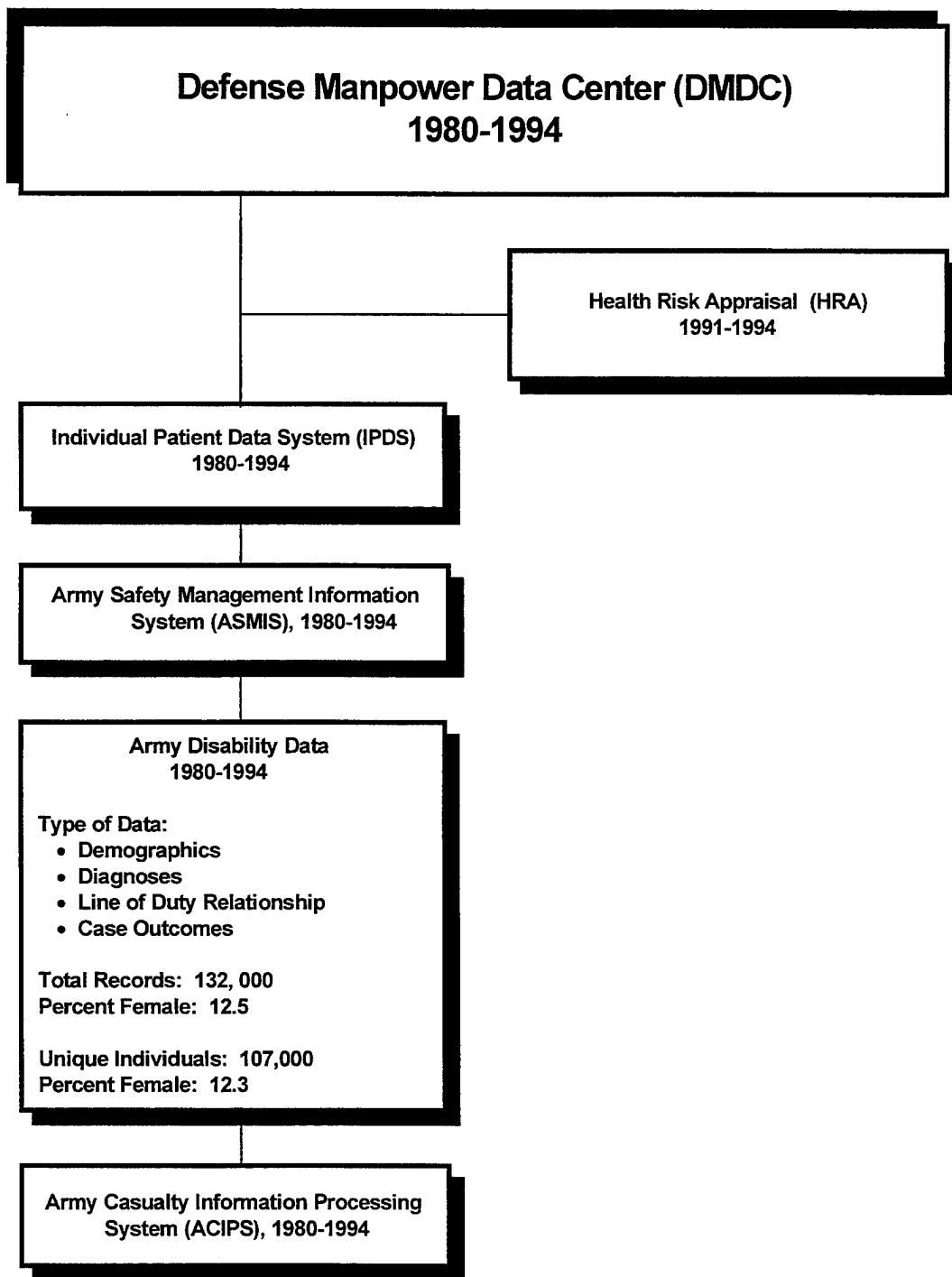
Functional Disability (VASRD) Codes.

Line of Duty Relationship.

Case Outcomes.

Diagnoses (post 1993 only).

FIGURE 5
DISABILITY DATA



FATALITY DATA (ARMY CASUALTY INFORMATION PROCESSING SYSTEM)

BACKGROUND

The Office of the Secretary of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, Washington, D.C., manages the ACIPS and tracks all active duty deaths from hostile and nonhostile actions (e.g., "accidents," illnesses, homicides, suicides, and pending or unknown causes). Department of Defense Instruction 1300.18 (1991) is the authority for this database, which is applicable to all services.

CASUALTY RECORDS

The ACIPS provides data on the cause, time, and place of death for 3,700 active duty Army soldiers. By linking ACIPS data to the ASMIS (injury) and IPDS (hospitalization) datasets, very detailed fatality studies can be accomplished. The addition of information on self-reported health habits and risk-taking behavior will allow many risk factors for unintentional and intentional injury to be evaluated.

The ACIPS casualty variables are provided in Appendix G. The types of casualty data, total number of records, and percentage of female records associated with the ACIPS are shown in Figure 6.

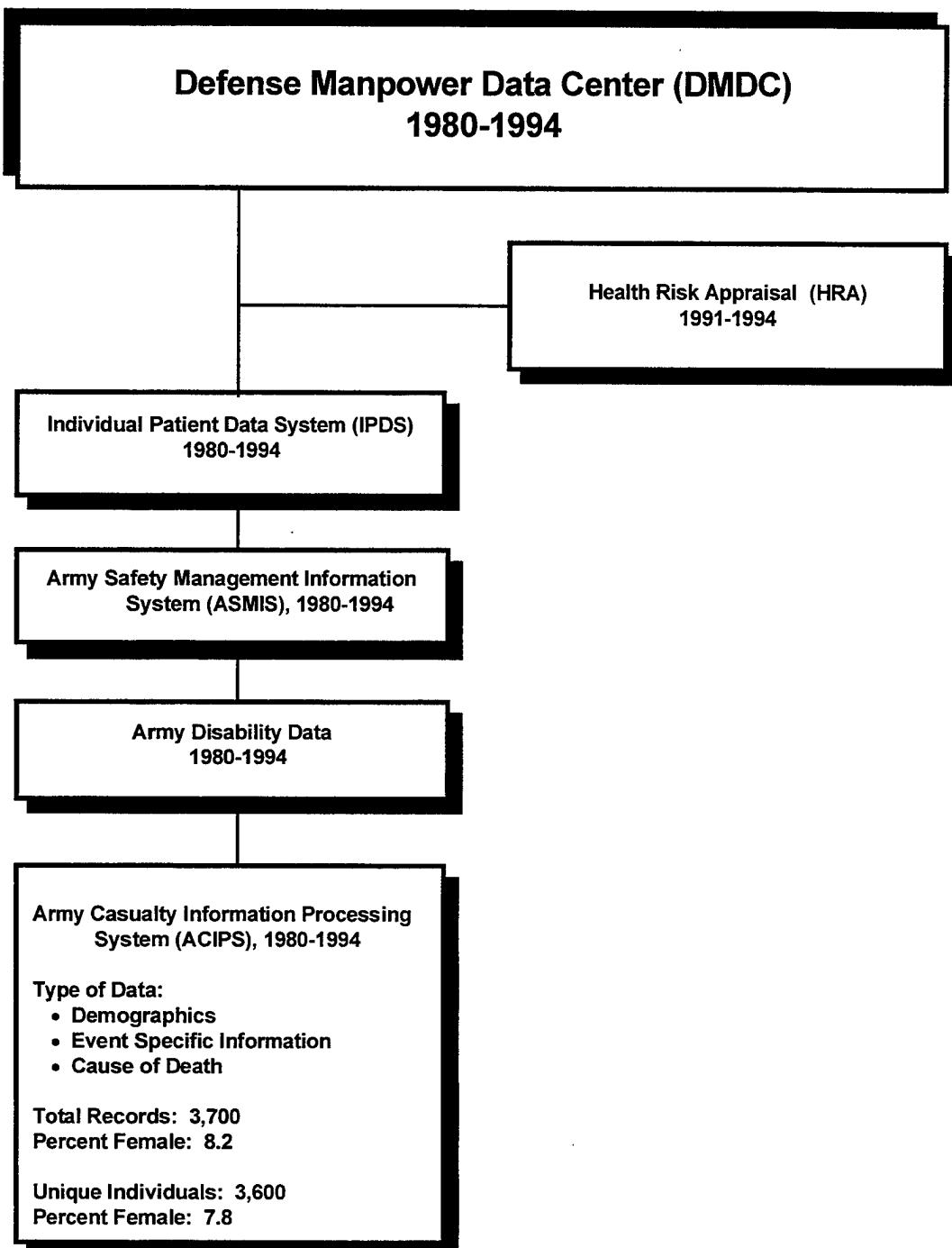
Types of Casualty Data

Demographics. The demographic variables include age, branch, gender, ethnic group, rank, number of dependents, and MOS.

Event Specific Information. Variables include time and place the event occurred, general casualty code ("accident," illness, etc.), and specific circumstance codes.

Cause of Death. Casualty type variables include "accident," hostile action, homicide, illness, missing, determination pending, suicide, terrorist activity, or unknown.

FIGURE 6
FATALITY DATA



HEALTH RISK DATA (HEALTH RISK ASSESSMENT PROGRAM)

BACKGROUND

Since 1991, the HRA program, managed by the U.S. Army Center for Health Promotion and Preventive Medicine, Aberdeen Proving Ground, Maryland, has provided the Army community with the following:

- Health-related technical information in the areas of health and environmental risk assessment, communication and management to enhance military health readiness, environmental restoration programs, and public health.
- Diversified consultative services and assistance to installation commanders in the investigation, evaluation, and communication of public health environmental issues.
- Risk assessment and risk communication training.

HEALTH RISK ASSESSMENTS

The TAIHOD now has access to almost 600,000 HRAs conducted on the active duty Army soldiers. These files include self-reported health habits such as diet, exercise, tobacco and alcohol use, stress, job satisfaction, risk-taking behavior, and health care.

By combining this information with other TAIHOD, USARIEM is able to determine the relationship between health habits and the incidence of injury and illness among various Army subpopulations.

The HRA variables used in the TAIHOD and an actual health risk appraisal form are provided in Appendices H & I, respectively. The types of health risk data, total number of records, and percentage of female records associated with the HRA are shown in Figure 7.

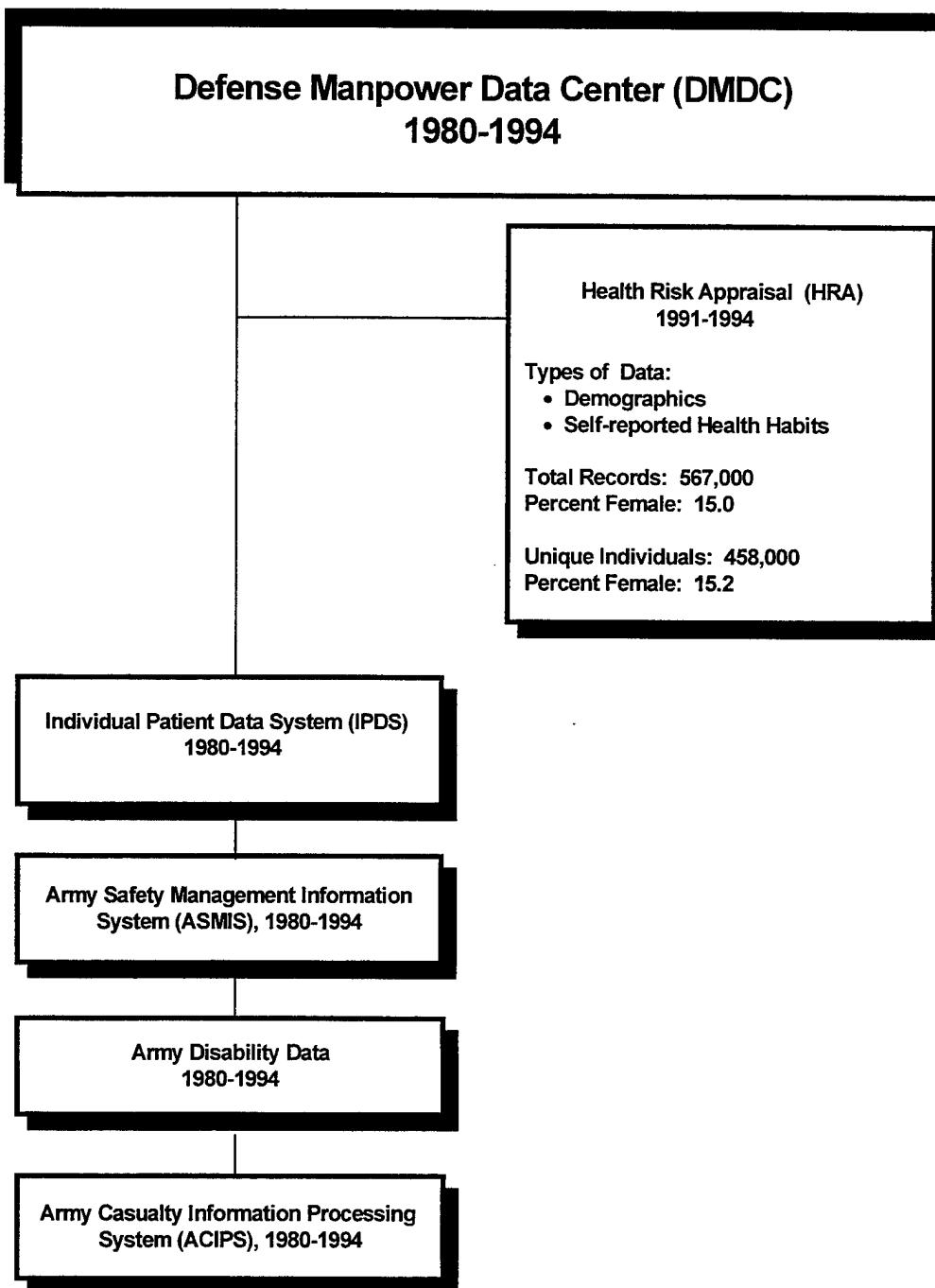
Types of Health Risk Data

Demographics. The health risk variables include age, gender, ethnic group, rank, branch, marital status, and education.

Self-Reported Health Habits. Some representative variables include dietary habits, smoking habits, weight, physical activity, and alcohol use.

Physiological Measurements. Certain HRA screenings include an EKG, blood pressure, and/or serum lipid, cholesterol, and blood sugar determinations.

FIGURE 7
HEALTH RISK DATA



TECHNICAL SPECIFICATIONS

The database is presently maintained at USARIEM on a Hewlett Packard Netserver LX computer. This Pentium-based system is quad-Pentium-Pro-processor-capable, but is presently configured with two 200Mhz Pentium Pro processors, 384 Mb RAM, and 45 gigabytes of hard drive storage capacity (RAID V Array). A 14-bay CD-ROM tower is attached to the server.

The server is presently networked to two Pentium desktop terminals. The database has the capacity for considerable expansion if needed. While the system is currently not set up for remote access either by modem or Internet connection, this capability could be added easily if the need arises and security and confidentiality issues are adequately addressed.

FUTURE DIRECTIONS

While this project was initiated to conduct a prospective cohort study of injury morbidity and mortality among women in the Army, the expandability of the database allows for the integration of additional data beyond calendar year 1994.

As Medical Information Systems within the Army and the DoD continue to advance, the opportunity for the addition of valuable supplementary sources of data will also arise. The opportunity to use these exciting sources of data are limited only by funding and the needs of the Army and the DoD.

Outpatient data sources such as the Ambulatory Data System (ADS) are now available for most of the Army and will soon be universal throughout the DoD. The addition of these data may be the next logical step in the evolution of the TAIHOD system.

The utility of these data for epidemiological research is of interest to scientists outside the Army as well. Indeed, several vital research partnerships have already been initiated between USARIEM and institutions such as the Johns Hopkins University School of Hygiene and Public Health, the University of Massachusetts (Amherst) School of Public Health, and the University of Massachusetts (Lowell) Work Environment Program. These and future collaborative efforts greatly enhance the power and utility of this rich data warehouse for the ultimate potential benefit of the entire U.S. population.

CONCLUSIONS

The resources presently devoted to prevention and control of injuries among servicemembers are relatively small, in part because quantification of the impact of injuries on the mission, readiness, and overall health of the Armed Services is such a difficult challenge. Currently available tools were simply not available 5, 10, or 20 years ago. The Army, as well as the other services, does a phenomenal job of collecting quality data on various populations; however, much of these data have been collected for purely administrative purposes. The TAIHOD affords an opportunity to make further use of these data sources. Each component database, in its own right, represents an extraordinary source of data for study. The simple process of linking these data at the level of the individual soldier provides an unprecedented research opportunity.

In the final analysis, individuals performing research will initially draw upon 15 or more years of data to do the following:

- Document incidence and trends of injury among female and male soldiers by diagnostic category and by location and body part.
- Document important causes of injuries.
- Determine subpopulations at greatest risk of injury, including high-risk occupations.
- Determine incidence of training-related and sports injuries.
- Determine relative morbidity and mortality from injuries versus illness or disease.
- Estimate direct and indirect costs associated with injuries and illnesses.
- Compare rates of injury to **Healthy People 2000** objectives.
- Make recommendations to policy makers, commanders, etc., for the following:
 - Injury and illness prevention program development.
 - Appropriate surveillance.
 - Future research focus.
- Firmly establish a research database capable of informing future research protocols of actual population outcomes prior to study initiation.

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APPENDIX A
DEFENSE MANPOWER DATA CENTER
(DEMOGRAPHIC VARIABLES)

VARIABLE	DESCRIPTION	VALUE
BASD	BASIC ACTIVE SERVICE DATE	YYMMDD; FROM CDROM
BASDYY	BASIC ACTIVE SERVICE YEAR	YY; FROM CDROM
DATEIN	DATE OF ADMISSION FOR THIS RECORD; THIS FIELD WAS FORMERLY KNOWN AS DOB PRIOR TO 04APR96	AND VALID DATA IN THE FORM YYMMDD.
DATEOUT	DATE THE MEMBER LEFT THE SERVICE. THIS VARIABLE WAS FORMERLY KNOWN AS DOE PRIOR TO 04APR96.	ANY VALID DATA IN THE FORM YYMMDD.
DDAPR	DIVING DUTY FOR APRIL	1=RECEIVED/BLANK=NOT RECEIVED
DDMONTH	DIVING DUTY FOR MONTH	1=RECEIVED/BLANK=NOT RECEIVED
DEPS	NUMBER OF DEPENDENTS; # OF DEP. >15 RECORDED TO 0	0(UNK.)/ 1(MEMBER ONLY)/ 2(MEMBER + 1 DEP.)/ 3(MEMBER + 2 DEP.)/ 4(MEMBER + 3 DEP.)/ 5(MEMBER + 4 DEP.)/ 6(MEMBER + 5 DEP.)/ 7(MEMBER + 6 DEP.)/ 8(MEMBER + 7 DEP.)/ OR 9(MEMBER + 8-15 DEP.)
DMOS	DUTY MILITARY OCCUPATIONAL SPECIALTY	SEE PG. 18 OF THE DMDCEAST LOG. ALSO SEE POSITIONS 34-40 (PMOS CODES) FOR DETAILS/ EXCEPT NAVY OFFICER RECORDS WHICH CONTAINS NOBC IN POSITIONS 1-4 AND COAST GUARD OFFICER RECORDS/ WHICH CONTAIN A 6-POS'N. OFFICER BILLET CODE OF WHICH THE FIRST 2 POSITION
DOB	DAY OF BIRTH	1-31 VALID RANGE
ETHNIC	ETHNIC GROUP	SEE PGS.8-9 OF THE DMDCEAST LOG. ALSO REFER TO THE ETHNIC.AMA FILE.
GRADE	PAY GRADE OF SOLDIER	00(ENLISTED UNKNOWN)/ 01-09(E01-E09)/ 10(WARRANT OFFICER UNKNOWN)/ 11-15(W01-W05)/ 20(COMMISSIONED OFFICER UNKNOWN)/ OR 21- 31(001-011)
HDP1MONTH	HAZARDOUS DUTY PAY-ONE FOR MONTH	A=FLYING PAY CREW/B=FLYING PAY NON- CREW/C=AIR WEAPONS CONT./D=OP SUB DUTY/E=CONT.SUB DUTY/F=PARA.DUTY/G=FLIGHT DECK/H=DEMOLITION/I=EXPER.STRESS/J=LEPRSARI UM/K=TOXIC FUELS/L=DANG.VIRUS/M=TOXIC PESTICIDES/N=HALO/O=CHEM.MUNITION
HDP2MONTH	HAZARDOUS DUTY PAY-TWO FOR MONTH	A=FLYING PAY CREW/B=FLYING PAY NON- CREW/C=AIR WEAPONS CONT./D=OP SUB DUTY/E=CONT.SUB DUTY/F=PARA.DUTY/G=FLIGHT DECK/H=DEMOLITION/I=EXPER.STRESS/J=LEPRSARI UM/K=TOXIC FUELS/L=DANG.VIRUS/M=TOXIC PESTICIDES/N=HALO/O=CHEM.MUNITION
HFPMONTH	HOSTILE FIRE PAY FOR MONTH	1=RECEIVED/BLANK=NOT RECEIVED
HOR	HOME OF RECORD- STATE OR COUNTRY	SEE ATTACHMENT A OF THE DMDCEAST LOG. ALSO REFER TO THE HOR.AMA FILE.
HYEC	HIGHEST YR. OF EDUCATION COMPLETED (REGARDLESS OF DEGREE ATTAINED)	01-20/ 0=UNKNOWN
ISC	INTERSERVICE SEPARATION CODE (FORMERLY KNOWN AS CODE1(PRIOR TO 04APR96)). A THREE DIGIT CHARACTER CODE FOUND IN THE LOSS AND AMAS FILES (###). SEE THE LOG/CODE BOOK FOR CODE DETAILS OR SEE ISC.AMA IN THE CODE BROWSER OF THE DWHRP SYSTEM.	000-999. SEE THE FILES ISCNL.AMA AND ISCOFF.AMA IN THE DWHRP BROWSER FOR MORE CODING SPECIFIC INFORMATION. THE DATA CAN BE BROKEN DOWN INTO CATEGORIES BY THE 1ST CHARACTER (NUMERIC).DIFFERS FOR ENLISTED AND FOR OFFICERS.
MOB	MONTH OF BIRTH	1-12 VALID RANGE
MS	MARITAL STATUS	0(UNKNOWN)/ 1(SINGLE-PRIOR TO 850701 ALSO INCLUDED 3)/ 2(MARRIED)/ 3(850701+ NO LONGER MARRIED- DIVORCED/ INTERLOCUTORY DECREED/

		LEGALLY SEPARATED/ WIDOWED/ OR MARRIAGE ANNULLED)
PEBD	PAY ENTRY SERVICE DATE	YYMMDD; FROM CDROM
PEBDYY	PAY ENTRY SERVICE YEAR	YY; FROM CDROM
PMOS	PRIMARY MILITARY OCCUPATIONAL SPECIALTY	SEE PAGES 11-12 OF THE DMDCEAST LOG. ALSO REFER TO THE PMOS.AMA FILE.
RETHNIC	RACE ETHNIC GROUP	SEE PGS. 9-10 OF THE DMDCEAST LOG. ALSO REFER TO THE RETHNIC.AMA FILE.
SAMEYEAR	SAMEYEAR=1 IF IN AND OUT IN SAME YEAR	
SEX	GENDER OF SOLDIER	0(UNKNOWN)/ 1(MALE)/ OR 2(FEMALE)
SPD	SEPARATION PROGRAM DESIGNATOR. A THREE LETTER CHARACTER CODE REPRESENTING THE SEPERATION PROGRAM.	3 CHARACTERS/ 1ST CHARACTER REPRESENTS A GENERAL GROUPING. SEE THE SPD(ENL OR OFF).AMA FILE FOR CODING DETAILS. CODING IS DIFFERENT FOR OFFICERS OR ENLISTED.
SPOUSVC	SERVICE OF MILITARY SPOUSE	0(NOT APPLICABLE OR UNKNOWN)/ 1(ARMY)/ 2(NAVY)/ 3(MARINE CORPS)/ 4(AIR FORCE)/ 5(ACTIVE DUTY/ SERVICE UNKNOWN)/ 7(COAST GUARD)/ 8(RESERVE/GUARD/ SERVICE UNKNOWN)
SSNENCID	ENCODED SOCIAL SECURITY NUMBER	ANY VALID ENCODED SOCIAL SECURITY NUMBER
TAFMS	TOTAL ACTIVE FEDERAL MILITARY SERVICE (COMPUTED FROM SUBTRACTING THE BASD FROM THE AS OF DATE OF THE MASTER FILE.	001-420
TISYEAR	TIME IN SERVICE FOR YEARS	
TOTDYSRV	TOTAL DAYS IN SERVICE	
UZIP	UNIT ZIP CODE	FIRST 5 OF ZIP CODE OF UIC (CAN BE APO/FPO)
YEAR	THE YEAR OF THE FILE THE DATA WAS TAKEN FROM	YEAR 2 DIGIT \$; LOCAL VARIABLE
YOB	YEAR OF BIRTH	1-99 VALID RANGE

APPENDIX B
INDIVIDUAL PATIENT DATA SYSTEM
(HOSPITALIZATION VARIABLES)

VARIABLE	DESCRIPTION	VALUE
ADM	SOURCE OF ADMISSION; A 1-POS'N. CODE USED TO INDICATE THE PATIENT TYPE OF ADMISSION TO THE REPORTING MTF	1-POS'N. CODE
AGE_ADM	AGE AT ADMISSION; A SIX-DIGIT NUMBER USED TO INDICATE THE AGE OF THE PATIENT (IN DAYS) ON THE DAY OF ADMISSION TO THE REPORTING MTF. THIS DATA ELEMENT IS USED IN THE COMPUTATION OF THE MEAN AGE.	000000-036499.
AGE_DSP	A 2 PART/ 3-POS'N CODE USED TO INDICATE THE AGE OF THE PT ON THE DAY OF DISPOSITION FROM THE REPORTING MTF. THE 1ST PART IS A 2-DIGIT # INDICATING THE AGE. THE 2ND PART IS A 1-POS'N. CODE USED TO INDICATE WHETHER THE AGE IS IN TERMS OF DYS/ MTHS/ OR YRS	D[DAYS(00-30)]/ M[MONTHS(01-11)]/ OR Y[YEARS(01-99)]
AUTOPSY	AUTOPSY PERFORMED; A 1-POS'N CODE USED IN CASES WHERE A PATIENT DIED TO INDICATED WHETHER AN AUTOPSY WAS OR WAS NOT PERFORMED.	Y(YES) OR N(NO).
BASSINET	BASSINET DAYS THIS MTF; THE TOTAL NUMBER OF DAYS SPENT FOR THE CURRENT REPORTING FACILITY IN THE REGULAR NEONATAL NURSERY. NOT COUNTED IN THESE DAYS ARE THE DAYS IN THE NEONATAL INTENSIVE CARE NURSERY (BED DAY) AND THOSE IN PEDIATRIC NURSERY/WARD.	0000-9999.
BED	BED + BASSINET THIS MTF; THIS DATA ELEMENT IS THE SUM OF THE VALUES FOR BED DAYS AND BASSINET DAYS.	0000-9999.
BED_DAYS	THE TOTAL NUMBER OF BED DAYS SPENT IN THE CURRENT REPORTING MTF.	0000-9999.
BIR	DATE OF BIRTH; THE EIGHT-CHARACTER DATE OF BIRTH (YYYYMMDD)	YY(1879-CURRENT YR.)/MM(01-12)/DD(01-31).
BLOOD	BLOOD USAGE; A ONE-POSITION CODE USED TO INDICATE WHETHER THE PATIENT DID OR DID NOT RECEIVE BLOOD OR A BLOOD COMPONENT.	Y(YES) OR N(NO).
CAT	CATCHMENT AREA; THE GEOGRAPHICAL AREA SERVED BY A HOSPITAL/ CLINIC/ OR DENTAL CLINIC AND DELINEATED ON THE BASIS OS SUCH FACTORS AS POPULATION DISTRIBUTION/ NATURAL GEOGRAPHIC BOUNDARIES/ AND TRANSPORTATION ACCESSIBILITY.	SEE PASBA DICTIONARY PGS. PS07-1 TO PS07-4. ALSO REFER TO THE CATCH.PAS FILE.
CC_C	CC CHAMPUS (Y/N); AN INDICATOR THAT IDENTIFIES RECORDS CONTAINING COMPLICATING OR COMORBID DIAGNOSES THAT AFFECT THE ASSIGNMENT OF HCFA OR CHAMPUS DRGS.	Y/N
CC_H	CC HCFA (Y/N); AN INDICATOR THAT IDENTIFIES RECORDS CONTAINING COMPLICATING OR COMORBID DIAGNOSES THAT AFFECT THE ASSIGNMENT OF HCFA OR CHAMPUS DRGS.	Y/N
CIV_DAYS	BED DAYS CIVILIAN; THE TOTAL NUMBER OF BED DAYS SPENT IN CIVILIAN HOSPITALS BEFORE ADMISSION TO THE REPORTING MTF.	0000-9999.
CL_DAY_2	BED DAYS 2ND CL SVC; THE NUMBER OF BED DAYS THE SECOND CLINIC SERVICE IS RESPONSIBLE FOR AT THE CURRENT REPORTING MTF/ FOLLOWING THE SAME PROCEDURE AS FOR ADMITTING BED DAYS.	0000-9999.
CL_DAY_3	BED DAYS 3RD CL SVC; THE NUMBER OF BED DAYS THE THIRD CLINIC SERVICE IS RESPONSIBLE FOR AT THE CURRENT REPORTING MTF/ FOLLOWING THE SAME PROCEDURE AS FOR ADMITTING BED DAYS.	0000-9999.
CL_DAY_A	BED DAYS ADM CL SVC; THE TOTAL NUMBER OF BED DAYS SPENT IN A BED ATTRIBUTED TO THE ADMITTING CLINIC SERVICE AT THE CURRENT REPORTING MTF.	0000-9999.
CL_DAY_D	THE NUMBER OF BED DAYS SPENT IN THE CLINIC SERVICE THAT DISCHARGES OR TRANSFERS THE PATIENT FROM THE CURRENT REPORTING MTF. THE DAYS ENTERED HERE MAY BE THE SAME DAYS ALREADY ACCOUNTED FOR IN ANY OF THE PREVIOUSLY RECORDED CLINIC SERVICE DAYS FIELDS.	0000-9999.
CL_SVC_2	CLINIC SERVICE SECOND; IF A PATIENT IS MOVED TO ANOTHER CLINICAL SERVICE AFTER THE ADMITTING SERVICE AT THE CURRENT REPORTING FACILITY/ THE APPROPRIATE CODE FROM MEPRS IS ENTERED HERE.	SEE PASBA DICTIONARY PGS. P63-1 TO P63-2. ALSO REFER TO THE CLINIC.PAS FILE.

CL_SVC_3	CLINIC SERVICE THIRD; IF A PATIENT WAS MOVED TO A THIRD CLINIC SERVICE/ THE APPROPRIATE CODE FROM MEPRS IS ENTERED HERE.	SEE PASBA DICTIONARY PGS. P63-1 TO P63-2. ALSO REFER TO THE CLINIC.PAS FILE.
CL_SVC_A	CLINIC SERVICE ADMITTING; THE CLINIC SERVICE RESPONSIBLE FOR THE PATIENT/S ADMISSION AT THE CURRENT REPORTING FACILITY. THE CODES USED ARE FROM (MEPRS).	SEE PASBA DICTIONARY PGS. P63-1 TO P63-2. ALSO REFER TO THE CLINIC.PAS FILE.
CL_SVC_D	CLINIC SERVICE DSPO; THIS IS THE CLINIC SERVICE THE PATIENT WAS ASSIGNED TO/ AT THE CURRENT REPORTING FACILITY/ WHEN THE PATIENT WAS DISCHARGED/ TRANSFERRED/ OR HAD DIED. THE APPROPRIATE CODE FROM MRPRS IS ENTERED HERE.	SEE PASBA DICTIONARY PGS. P63-1 TO P63-2. ALSO REFER TO THE CLINIC.PAS FILE.
CONVL_D	THE TOTAL # OF DAYS SPENT FOR THE CURRENT REPORTING FACILITY ON AUTHORIZED LEAVE STATUS THAT ARE CONSIDERED SICK DAYS IF THEY OCCUR BEFORE THE PATIENT IS DISCHARGED. IT IS GRANTED TO ACTIVE DUTY MEMBERS WHILE UNDER MEDICAL/DENTAL CARE AND PRESCRIBED FOR	0000-9999.
CONVL_R	THE TOTAL # OF DAYS RECOMMENDED BY THE PHYSICIAN TO THE PATIENT/S UNIT COMMANDER FOR THE PATIENT/S CONVALESCENCE AFTER BEING DISCHARGED FROM THE HOSPITAL. THESE DAYS ARE NOT AUTOMATICALLY GRANTED.	000-999.
COO	THE TOTAL # OF DAYS SPENT FOR THE CURRENT REPORTING FACILITY IN THE STATUS OF COOPERATIVE CARE. NONACTIVE-DUTY INPATIENTS RECEIVING MEDICAL SERVICES OR SUPPLIES PROVIDED BY AND AT CIVILIAN SOURCES BUT WHO REMAIN ON THE ROLLS OF THE HOSPITAL USE SICK DAYS	0000-9999.
DATE_D	DATE OF DISPOSITION; A 3 PART/ 6-DIGIT NUMBER USED TO INDICATE THE YEAR/ MONTH/ AND DAY THAT A PATIENT WAS DISPOSITIONED/DISCHARGED FROM THE REPORTING MTF (OR/ FOR TOTAL ABSENT SICK CASES/ FROM THE FACILITY IN WHICH HE WAS ADMITTED).	YY(YEAR/00-99)/ MM(MONTH/01-12)/ OR DD(DAY/01-31).
DATE_I	DATE INITIAL ADMISSION; A 3 PART/ 6-DIGIT NUMBER USED TO INDICATE THE YEAR/ MONTH/ AND DAY THAT A PATIENT WAS FIRST ADMITTED TO THE MTF OF INITIAL ADMISSION FOR THIS UNINTERRUPTED EPISODE OF CARE.	YY(YEAR/00-99)/ MM(MONTH/01-12)/ OR DD(DAY/01-31).
DATE_T	DATE THIS ADMISSION; A 3 PART/ 6-DIGIT NUMBER USED TO INDICATE THE YEAR/ MONTH/ AND DAY THAT A PATIENT WAS FIRST ADMITTED TO THE REPORTING MTF.	YY(YEAR/00-99)/ MM(MONTH/01-12)/ OR DD(DAY/01-31).
DAYSURG	2 DAY SURGERY	0
DIAG_2	DIAGNOSIS SECOND	0
DIAG_3	DIAGNOSIS THIRD	0
DIAG_4	DIAGNOSIS FOURTH	0
DIAG_5	DIAGNOSIS FIFTH	0
DIAG_6	DIAGNOSIS SIXTH	0
DIAG_7	DIAGNOSIS SEVENTH	0
DIAG_8	DIAGNOSIS EIGHTH	0
DIAG_CC_C	A SECONDARY DIAGNOSIS THAT IS THE COMPLICATION OR COMORBIDITY THAT EFFECTS THE ASSIGNMENT OF THE HCFA AND CHAMPUS DRGS.	DIAGNOSIS POINTER
DIAG_CC_H	A SECONDARY DIAGNOSIS THAT IS THE COMPLICATION OR COMORBIDITY THAT EFFECTS THE ASSIGNMENT OF THE HCFA AND CHAMPUS DRGS.	DIAGNOSIS POINTER
DIAG_NUM	THIS NUMBER INDICATES THE QUANTITY OF DIAGNOSES THAT ARE CODED IN THE ACTUAL CLINICAL RECORD.	01-99.
DIAG_P	SEARCHES ONLY THE PRINCIPAL DIAGNOSIS FIELD AND/OR COUNTS THE RECORD ONCE TO THE PRINCIPAL DIAGNOSIS.	DIAGNOSIS PRINCIPLE
DRG_C	A DRG IS ASSIGNED FOR EACH INPATIENT RECORD BASED UPON SEVERAL FACTORS	SEE APPROPRIATE REVISION OR VERSION OF THE DRG DEFINITIONS MANUAL
DRG_HFCA	A DRG IS ASSIGNED FOR EACH INPATIENT RECORD BASED UPON SEVERAL FACTORS	SEE APPROPRIATE REVISION OR VERSION OF THE DRG DEFINITIONS MANUAL

DSPO	DISPOSITION TYPE; A TWO-DIGIT CODE INDICATING THE STATUS OF A PATIENT UPON DEPARTURE FROM THE HOSPITAL	TWO-DIGIT CODE/ SEE PASBA DICTIONARY PAGE P23-1
ETHNIC	ETHNIC BACKGROUND; A ONE-POSITION CODE USED TO INDICATE THE GROUP WITH WHICH AN INDIVIDUAL IDENTIFIES BASED UPON RACIAL/ LINGUISTIC/ RELIGIOUS/ OR CULTURAL TIES.	ONE-POSITION CODE/SEE PASBA DICTIONARY PAGE P11-1
FED_DAYS	BED DAYS FEDERAL; THE TOTAL NUMBER OF BED DAYS SPENT IN OTHER FEDERAL FACILITIES BEFORE/DURING ADMISSION TO THE CURRENT REPORTING MTF.	0000-9999.
FLY_ST	FLYING STATUS; A ONE-POSITION CODE USED TO INDICATE WHETHER A MILITARY INDIVIDUAL IS OR IS NOT RECEIVING FLIGHT PAY.	Y/N
FMP	FMP; A 2-DIGIT CODE USED TO DEFINE THE RELATIONSHIP OF A PATIENT TO THE SPONSOR.	2-DIGIT CODE
FY	FISCAL YEAR	2-CHAR
GRADE	GRADE; A 2-POS'N. CODE USED TO INDICATE THE PAY GRADE OF ACTIVE DUTY OR RETIRED MILITARY PERSONNEL AND ALSO CADETS AT THE MILITARY ACADEMIES AND ROTC.	2-POS'N. CODE
ICUSUM	SUM ICU DAYS	0
ICU_DAYS	BED DAYS INTENSIVE CARE; THE TOTAL NUMBER OF DAYS SPENT IN ALL MEDICAL EXPENSE AND PERFORMANCE REPORTING SYSTEM (MEPRS) AUTHORIZED INTENSIVE CARE UNITS AT THE CURRENT REPORTING MTF.	0000-9999.
INIT_ADM	INIT ADM-MTF (ST & CO); A ONE-DIGIT NUMBER USED TO INDICATE THE TYPE OF HOSPITAL A PATIENT WAS INITIALLY ADMITTED TO FOR AN EPISODE OF CARE.	1=ARMY/AF/NAVY/2=CIV ILIAN/3=VA/4=PUBLIC&INDIAN HEALTH/5=FOREIGN MILITARY/6=OTHERS
INJURY	EXTERNAL CAUSE OF INJURY; THE CIRCUMSTANCES OR CONDITIONS UNDER WHICH AN INJURY WAS INCURRED. THE CODES USED ARE FROM THE NATO STANDARDIZATION AGREEMENT (STANAG 2050).	SEE PASBA DICTIONARY P29-1 TO P29-16. ALSO REFER TO THE INJURY.PAS FILE.
LEN_SER	LENGTH OF MIL. SERVICE FOR ACTIVE DUTY PERSONNEL. THE 1ST PART IS A 2-DIGIT # USED TO INDICATE THE LENGTH. THE 2ND PART IS A 1-POS'N. CODE USED TO INDICATE WHETHER THE LENGTH IS IN TERMS OF DAYS/ MTHS./ OR YEARS.	2 PART/3-POS'N. CODE/SEE PASBA DICTIONARY PAGE P15-1
LOC_O	LOCATION OF OCCURRENCE; A 2-POS'N. CODE USED TO INDICATE THE STATE/ COUNTRY/ OR SHIP TYPE AND OCEAN WHERE A BATTLE INJURY OCCURRED. FOR THE SHIP TYPE AND OCEAN/ THE CODE IS 2-PART. BLANKS ARE VALID FOR NONMILITARY INDIVIDUALS.	2-POS'N. CODE/ SEE PASBA DICTIONARY PAGES P30-1/P30-3
LOC_U	LOCATION OF UNIT; A 2-POS'N. CODE USED TO INDICATE THE STATE/ COUNTRY/ OR SHIP TYPE AND OCEAN WHERE A MILITARY PATIENT/S UNIT IS LOCATED. FOR THE SHIP TYPE AND OCEAN/ THE CODE IS 2 PART. BLANKS ARE VALID FOR NONMIL. INDIVIDUALS.	2-POS'N. CODE/ SEE PASBA DICTIONARY PAGES P18-1/P18-3
MARITAL	MARITAL STATUS; A ONE-POSITION CODE USED TO INDICATE THE MARITAL STATUS OF AN INDIVIDUAL.	ONE-POSITION CODE; SEE PASBA DICTIONARY P88-1
MED_HOLD	THE TOTAL # OF DAYS SPENT FOR THE CURRENT REPORTING MTF IN A UNIT OPERATED AT EACH INPATIENT MTF THAT ACCOUNTS FOR ACTIVE DUTY INPATIENTS. THE AD MEMBERS HOSPITALIZED ARE ASSIGNED OR ATTACHED TO A MEDICAL HOLDING COMPANY AND BECOME PART OF THE ACTUAL UNIT	0000-9999
MOS	MOS; A 7-DIGIT FIELD CONTAINING THE SERVICE INDICATOR IN THE FIRST POSITION AND A SERVICE-SPECIFIC CODE USED TO IDENTIFY MILITARY OCCUPATIONS IN THE REMAINING POSITIONS.	7-DIGIT FIELD/SEE PASBA DICTIONARY PAGES P17-1/P17-32
MTF_DOD	INITIAL ADM (DOD); A TWO-PART/ 6-POS'N CODE USED TO INDICATE THE INITIAL MTF A PATIENT WAS ADMITTED TO/ INVOLVING TRANSFER	SEE PASBA DICTIONARY PAGE P25-1/P25-9
MTF_INIT	INITIAL ADM-HOSPITAL(NON-DOD); A TWO-PART/ 6-POS'N CODE USED TO INDICATE THE INITIAL MTF A PATIENT WAS ADMITTED TO/ INVOLVING TRANSFER	SEE PASBA DICTIONARY PAGE P25-1/P25-9
MTF_LOC	MTF LOCATION; A 2-POS'N CODE USED TO INDICATE THE STATE OR COUNTRY (FOR MTF'S OUTSIDE THE U.S.) WHERE THE REPORTING MTF IS LOCATED.	SEE PASBA DICTIONARY PAGES P03-1/P03-5
NUM_CC	NUM CC CODED; THIS INDICATES THE NUMBER OF COMPLICATING OR COMORBID DIAGNOSES CODED IN THE RECORD.	01-99

OTH_DAYS	OTHER DAYS THIS MTF; THE TOTAL # OF DAYS SPENT FOR THE CURRENT REPORTING MTF IN AWOL/ PCS/ AND EMERGENCY LEAVE STATUS COMBINED.	0000-9999.
OUTLIER_C	THE NUMBER OF DAYS AN INPATIENT SPENT IN THE HOSPITAL BEYOND THE UPPER LIMIT OF THE NORMAL RANGE OF STAY FOR THE ASSIGNED DIAGNOSIS RELATED GROUP.	0000-9999.
OUTLIER_H	THE NUMBER OF DAYS AN INPATIENT SPENT IN THE HOSPITAL BEYOND THE UPPER LIMIT OF THE NORMAL RANGE OF STAY FOR THE ASSIGNED DIAGNOSIS RELATED GROUP.	0000-9999.
PAT_CAT	PATIENT CATEGORY; A 2-PART/ 3-POS'N. CODE USED TO INDICATE THE BENEFICIARY GROUP TO WHICH AN INDIVIDUAL BELONGS. A BENEFICIARY IS AN INDIVIDUAL WHO HAS BEEN DETERMINED TO BE ELIGIBLE FOR BENEFITS.	SEE PASBA DICTIONARY FOR VALID CODES PAGES P13-1/P13-3.
PROC_2	PROCEDURE SECOND	0
PROC_3	PROCEDURE THIRD	0
PROC_4	PROCEDURE FOURTH	0
PROC_5	PROCEDURE FIFTH	0
PROC_6	PROCEDURE SIXTH	0
PROC_7	PROCEDURE SEVENTH	0
PROC_8	PROCEDURE EIGHTH	0
PROC_NUM	NUM PROCEDURE FIELDS; THIS NUMBER INDICATES THE QUANTITY OF PROCEDURES THAT ARE CODED IN THE ACTUAL CLINICAL RECORD.	01-99.
PROC_P	8-DIG FIELD WITH THE 5-DIG CODE FOR THE NAME THE HEALTH CARE PROV. USES TO DESCRIBE A PROC. PERFORMED ON A PT/ A 1-DIG CODE INDICATING PLACE OF TREATMENT/ AND A 2-DIG # INDICATING THE # OF TIMES THE PROC. WAS PERFORMED ON THE PT. DURING EPISODE OF CARE.	SEE PASBA DICTIONARY PAGES P42-1/2
RACE	RACE; A ONE-POSITION CODE USED TO INDICATE THE GROUP WITH WHICH AN INDIVIDUAL IDENTIFIES BASED UPON CERTAIN INHERITED PHYSICAL CHARACTERISTICS.	PASBA DICTIONARY PAGE PP10-1/ C=WHITE/N=BLACK/M=Y E=LOW/R=RED(WESTERN HEMIS.INDIAN)/X=OTHE R/Z=UNKNOWN/
RCD	RECORD STATUS; A ONE-POSITION CODE USED TO INDICATE THE DEGREE OF COMPLETENESS OF A RECORD.	F(AS OF THE DATE THIS RECORD WAS SUBMITTED/ THE PT. WAS STILL ADMITTED)/ E(PT. HAS BEEN DISPOSITIONED/ BUT THE RECORD IS INCOMPLETE (THE REC. WILL HAVE A B200/ B700/ B900 DIAGNOSIS)/ D(THE PT. WAS DISPOSITIONED/ AND THE REC. IS COMPLETE)/ OR C(CANCELED)
REGISTER	REGISTER NUMBER; A 7-DIG # AUTOMATICALLY ASSIGNED BY THE ACCESS IN EACH HOSPITAL TO EACH PT. ADMITTED/ OR FOR WHOM THE FACILITY HAS ADMINISTRATIVE RESPONSIBILITY FOR COMPLETING A RECORD. THE # IS UNIQUE WITHIN THE REPORTING MTF.	0000001-9999999.
RES_DIS	RESIDUAL DISABILITY; A DISABILITY THAT IS THE PERMANENT OR LONG-TERM RESULT OF AN INJURY. IT'S CODED IN IPDS RECORDS WHEN THE CURRENT INJURY IS THE UNDERLYING CAUSE OF DISABILITY SEPARATION OR RETIREMENT.	SEE PASBA DICTIONARY PAGES P41-1/8
RPT_MTF	REPORTING MTF; A 6-POS'N CODE USED TO INDICATE WHICH MTF COMPLETED THIS RECORD. THE 1ST CHAR. IS THE SERVICE IDENTIFIER (A FOR ARMY/ N FOR NAVY/ F FOR AIR FORCE). THE NEXT POSITIONS INDICATE THE FACILITY CODE WHICH IS UNIQUE WITHIN EACH SERVICE.	SEE PASBA DICTIONARY PAGES P01-1/3
SEX	SEX; A 1-POS'N. CODE USED TO IDENTIFY GENDER.	F(FEMALE) OR M(MALE)
SICK_A	TOTAL SICK DAYS ALL MTF; THE TOTAL NUMBER OF BED DAYS FROM THE DATE OF INITIAL/THIS ADMISSION FOR THIS EPISODE OF CARE FOR ALL FACILITIES COMBINED.	00000-99999.

SICK_M	TOTAL SICK DAYS THIS MTF; THE TOTAL NUMBER OF DAYS FROM THE DATE OF THIS ADMISSION (INITIAL ADMISSION IF SOURCE OF ADMISSION CODE IS 3) TO THE DATE OF DISPOSITION.	00000-99999.
SPECIALT	SPECIALTY	0
SSNENCID	ENCODED SSN	
SUP	THE TOTAL # OF DAYS SPENT IN RECEIVING SPECIALIZED TREATMENT PROCEDURES/ CONSULTATIONS/ TESTS/ SUPPLIES/ AND EQUIPMENT IN A NONMILITARY TREATMENT FACILITY/ WHILE STILL AN INPATIENT IN THE CURRENT REPORTING MTF. THIS CARE IS REQUIRED TO AUGMENT THE OVERALL	0000-9999.SUPPLEMENTAL CARE DAYS
SURG_C	SURGICAL_C (Y/N); AN INDICATOR IN THE RECORD THAT IDENTIFIES A SURGICAL RECORD AS DETERMINE BY THE CHAMPUS OR HCFA GROUPERS.	Y/N
SURG_H	SURGICAL_H(Y/N); AN INDICATOR IN THE RECORD THAT IDENTIFIES A SURGICAL RECORD AS DETERMINE BY THE CHAMPUS OR HCFA GROUPERS.	Y/N
TRAUMA	TRAUMA; A 1-DIGIT CODE USED TO INDICATE/ IN GENERAL TERMS/ THE TYPE OF INJURY INCURRED.	SEE PASBA DICTIONARY PAGE P28-1
TRSFFRDD	A 2 PART/ 6 POS'N CODE USED TO INDICATE THE FACILITY A PT. WAS TRANSFERRED TO FROM THE REPORTING MTF. THE 1ST PART IS THE TYPE OF FAC. (A FOR ARMY/ N FOR NAVY/ F FOR AIR FORCE/ C FOR CIVILIAN/ V FOR VETERANS ADM./ P FOR PUBLIC HEALTH & INDIAN HEALTH/CONT/D	TRANSFERRED FROM (DOD); SEE LIST FOR MEDICAL TREATMENT FACILITY OF INITIAL ADMISSION.
TRSFTODD	A 2 PART/ 6 POS'N CODE USED TO INDICATE THE FACILITY A PT. WAS TRANSFERRED TO FROM THE REPORTING MTF. THE 1ST PART IS THE TYPE OF FAC. (A FOR ARMY/ N FOR NAVY/ F FOR AIR FORCE/ C FOR CIVILIAN/ V FOR VETERANS ADM./ P FOR PUBLIC HEALTH & INDIAN HEALTH/CONT/D	TRANSFERRED TO (DOD); SEE LIST FOR MEDICAL TREATMENT FACILITY OF INITIAL ADMISSION.
TRSF_FR_	A 2 PART/ 6 POS'N CODE USED TO INDICATE THE FACILITY A PT. WAS TRANSFERRED TO FROM THE REPORTING MTF. THE 1ST PART IS THE TYPE OF FAC. (A FOR ARMY/ N FOR NAVY/ F FOR AIR FORCE/ C FOR CIVILIAN/ V FOR VETERANS ADM./ P FOR PUBLIC HEALTH & INDIAN HEALTH/CONT/D	TRSF FROM (ST & CO); SEE LIST FOR MEDICAL TREATMENT FACILITY OF INITIAL ADMISSION.
TRSF_TO_	A 2 PART/ 6 POS'N CODE USED TO INDICATE THE FACILITY A PT. WAS TRANSFERRED TO FROM THE REPORTING MTF. THE 1ST PART IS THE TYPE OF FAC. (A FOR ARMY/ N FOR NAVY/ F FOR AIR FORCE/ C FOR CIVILIAN/ V FOR VETERANS ADM./ P FOR PUBLIC HEALTH & INDIAN HEALTH/CONT/D	TRSF TO (ST & CO); SEE LIST FOR MEDICAL TREATMENT FACILITY OF INITIAL ADMISSION.
UND	UNDERLYING CAUSE; A ONE-DIGIT CODE USED IN CASES INVOLVING DEATH OR SEPARATION FROM SERVICE. THIS CODE INDICATES WHICH OF THE DIAGNOSES WAS THE UNDERLYING CAUSE OF DEATH OR SEPARATION.	1(1ST DIAG.)/ 2(2ND DIAG.)/ 3(3RD DIAG.)/ 4(4TH DIAG.)/ 5(5TH DIAG.)/ 6(6TH DIAG.)/ 7(7TH DIAG.)/ OR 8(8TH DIAGNOSIS).
ZIP	ZIP CODE; THE 9-DIGIT ZONE CODE ASSIGNED BY THE US POSTAL SERVICE FOR THE PATIENT/S RESIDENCE MAILING ADDRESS. IF THE PT. IS A FOREIGN NATIONAL AND COMING FROM A FOREIGN COUNTRY FOR CARE/ THIS FIELD CONTAINS ALL 9S.	00000-99999.

APPENDIX C

ICD9 AND NATO/STANAG 2050 CODES

Using standard methods, specific discharge diagnoses were abstracted from the medical record and then coded according to the *International Classification of Disease* (ICD) codes:

- For 1986-1988, the 9th Revision was used.
- For 1989 forward, the 9th Revision (Clinical Modification) was used.

Up to eight diagnoses and procedures were entered for each discharge. Included in the ICD were diagnoses classified as “supplemental classification of external causes of injury and poisoning” (E800-E999). This set of codes, with few exceptions, is not used by the Army. Instead, the Army recognizes the NATO/STANAG (Standardization Agreement) 2050 Coding System. A future report will present findings of an assessment of cause of injury according to the NATO/STANAG 2050 coding system.

The STANAG 2050 system is a four digit coding system. The first digit is called the TRAUMA code and is described below. In certain instances, the last (forth) digit is used to indicate the place of occurrence of the injury. These location codes are designated by an asterisk in the last position (section II below).

Appendix C displays an abbreviated list of ICD9 and STANAG 2050 Codes (TRAUMA codes, Detailed Codes, and Place of Occurrence codes).

SECTION I. ICD9 CODES

ICD-9 CODE	SUB-GROUPINGS
001 - 139	INFECTIOUS & PARASITIC DISEASES
140 - 239	NEOPLASMS
140 -195	MALIGNANT NEOPLASM PRIMARY
196 -198	MALIGNANT NEOPLASM SECONDARY
199	MALIGNANT NEOPLAMS NOS
200 - 208	MALIGNANT NEOPLASM PRIMARY OF LYMPHATIC OR HEMATOPEIETIC ORIGIN
210 - 229	BENIGN NEOPLASMS
230 - 234	CARCINOMA IN SITU
235 - 238	NEOPLASM OF UNCERTAIN BEHAVIOR
239	NEOPLASMS OF UNSPECIFIED NATURE
240 - 279	ENDOCRINE NUTRITIONAL AND METABOLIC DISEASES AND IMMUNITY DISORDERS
280 - 289	DISEASES OF THE BLOOD AND BLOOD FORMING ORGANS
290 - 319	MENTAL DISORDERS
290 - 299	PSYCHOSES
300 - 316	NEUROTIC PERSONALITY AND OTHER NONPSYCHOTIC MENTAL DISORDERS
317 - 319	MENTAL RETARDATION
320 - 389	DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS
320 - 326	INFLAMMATORY DISEASES OF THE CNS
330 - 337	HEREDITARY AND DEGENERATIVE DISEASES OF THE CNS
340 - 349	OTHER DISORDERS OF THE CNS
350 - 359	DISORDERS OF THE PERIPHERAL NERVOUS SYSTEM
360 - 379	DISORDERS OF THE EYE AND ADNEXA
380 - 389	DISEASES OF EAR AND MASTOID PROCESS
390 - 459	DISEASES OF THE CIRCULATORY SYSTEM
390 - 392	ACUTE RHEUMATIC FEVER
393 - 398	CHRONIC RHEUMATIC HEART DISEASE
401 - 405	HYPERTENSIVE DISEASE
410 - 414	ISCHEMIC HEART DISEASE
415 - 417	DISEASE OF PULMONARY CIRCULATION
420 - 429	OTHER FORMS OF HEART DISEASE
430 - 438	CEREBROVASCULAR DISEASE
440 - 448	DISEASES OF ARTERIES, ARTERIOLES, AND CAPILLARIES
451 - 459	DISEASES OF VEINS AND LYMPHATICS AND OTHER DISEASES OF CIRCULATORY SYSTEM
460 - 519	DISEASES OF THE RESPIRATORY SYSTEM
460 - 466	ACUTE RESPIRATORY INFECTIONS
470 - 478	OTHER DISEASES OF THE UPPER RESPIRATORY TRACT
480 - 487	PNEUMONIA AND INFLUENZA
490 - 496	CHRONIC OBSTRUCTIVE PULMONARY DISEASES AND ALLIED CONDITIONS
500 - 508	PNEUMOCONIOSES AND OTHER LUNG DISEASES DUE TO EXTERNAL AGENTS
510 - 519	OTHER DISEASES OF RESPIRATORY SYSTEM
520 - 579	DISEASES OF THE DIGESTIVE SYSTEM
520 - 529	DISEASES OF ORAL CAVITY, SALIVARY GLANDS, AND JAWS
530 - 537	DISEASES OF ESOPHAGUS, STOMACH, AND DUODENUM
537	OTHER DISORDERS OF STOMACH AND DUODENUM
540 - 543	APPENDICITIS
550 - 553	HERNIA OF ABDOMINAL CAVITY
555 - 558	NONINFECTIOUS ENTERITIS AND COLITIS
560 - 569	OTHER DISEASES OF INTESTINES AND PERITONEUM
570 - 579	OTHER DISEASES OF DIGESTIVE SYSTEM
580 - 629	DISEASES OF THE GENITOURINARY SYSTEM
580 - 589	NEPHRITIS, NEPHROTIC SYNDROME AND NEPHROSIS
590 - 599	OTHER DISEASES OF URINARY SYSTEM

600 - 608	DISEASES OF MALE GENITAL ORGANS
610 - 611	DISORDERS OF BREAST
614 - 616	INFLAMMATORY DISEASE OF FEMALE PELVIC ORGANS
617 - 629	OTHER DISORDERS OF FEMALE GENITAL TRACT
630 - 676	COMPLICATIONS OF PREGNANCY, CHILDBIRTH, AND THE PUERPERIUM
630 - 633	ETOPIC AND MOLAR PREGNANCY
634 - 639	OTHER PREGNANCY WITH ABORTIVE OUTCOME
640 - 648	COMPLICATIONS MAINLY RELATED TO PREGNANCY
650 - 659	NORMAL DELIVERY AND OTHER INDICATIONS FOR CARE IN PREGNANCY, LABOR, AND DELIVERY
660 - 669	COMPLICATIONS OCCURRING MAINLY IN THE COURSE OF LABOR AND DELIVERY
670 - 676	COMPLICATIONS OF THE PUERPERIUM
680 - 709	DISEASES OF THE SKIN AND SUBCUTANEOUS TISSUE
680 - 686	INFECTION OF THE SKIN AND SUBCUTANEOUS TISSUE
690 - 698	OTHER INFLAMMATORY CONDITIONS OF SKIN AND SUBCUTANEOUS TISSUE
700 - 709	OTHER DISEASES OF SKIN AND SUBCUTANEOUS TISSUE
710 - 739	DISEASES OF THE MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE
710 - 719	ARTHROPATHIES AND RELATED DISORDERS
720 - 724	DORSOPATHIES
725 - 729	RHEUMATISM, EXCLUDING THE BACK
730 - 739	OSTEOPATHIES, CHRONDOPATHIES AND ACQUIRED MUSCULOSKELETAL DEFORMATIES
740 - 759	CONGENITAL ANOMALIES
760 - 779	CERTAIN CONDITIONS ORIGINATING IN THE PERINATAL PERIOD
760 - 763	MATERNAL CAUSES OF PERINATAL MORBIDITY AND MORTALITY
764 - 779	OTHER CONDITIONS ORIGINATING IN THE PERINATAL PERIOD
780 - 799	SYMPTOMS, SIGNS, AND ILL-DEFINED CONDITIONS
780 - 789	SYMPTOMS
790 - 796	NON-SPECIFIC ABNORMAL FINDINGS
797 - 799	ILL-DEFINED AND UNKNOWN CAUSES OF MORBIDITY AND MORTALITY
800 - 999	INJURY AND POISONING
800 - 829	FRACTURES
830 - 839	DISLOCATION
840 - 848	SPRAINS AND STRAINS OF JOINTS AND ADJACENT MUSCLES
850 - 854	INTRACRANIAL INJURY, EXCLUDING THOSE WITH SKULL FRACTURE
860 - 869	INTERNAL INJURY OF CHEST, ABDOMEN, AND PELVIS
870 - 879	OPEN WOUND OF HEAD, NECK, AND TRUNK
880 - 887	OPEN WOUND OF UPPER LIMB
890 - 897	OPEN WOUND OF LOWER LIMB
900 - 904	INJURY TO BLOOD VESSELS
905 - 909	LATE EFFECTS OF INJURIES, POISONINGS, TOXIC EFFECTS, AND OTHER EXTERNAL CAUSES
910 - 919	SUPERFICIAL INJURY
920 - 924	CONTUSION WITH INTACT SKIN SURFACES
925 - 929	CRUSHING INJURY
930 - 939	EFFECTS OF FOREIGN BODY ENTERING THROUGH ORIFICE
940 - 949	BURNS
950 - 957	INJURY TO NERVES AND SPINAL CORD
958 - 959	CERTAIN TRAUMATIC COMPLICATIONS AND UNSPECIFIED INJURIES
960 - 979	POISONING BY DRUGS, MEDICINAL AND BIOLOGICAL SUBSTANCES
980 - 989	TOXIC EFFECTS OF SUBSTANCES CHIEFLY NON-MEDICINAL AS TO SOURCE
990 - 995	OTHER AND UNSPECIFIED EFFECTS OF EXTERNAL CAUSES
996 - 999	COMPLICATIONS OF SURGICAL AND MEDICAL CARE, NOT ELSEWHERE CLASSIFIED
V01 - V82	SUPPLEMENTAL CLASSIFICATIONS OF FACTORS INFLUENCING HEALTH STATUS AND CONTACT WITH HEALTH SERVICES
NOTE:	(THESE CODES CAN BE BROKEN DOWN FURTHER INTO ADDITIONAL SUBGROUPS)

SECTION II. STANAG 2050 CODES

TRAUMA CODE	
0	Direct result of action by or against an organized enemy
1	Other battle casualties
2	Result of intervention of legal authority
3	Assault, or intentionally inflicted by another person
4	Intentionally self inflicted.
5	Occurring while off-duty, e.g. leave, pass, absent without leave (AWOL) etc.
6	Schemes and exercises
7	All other scheduled training. e.g. basic training, assault courses etc.
8	Occurring while on duty
9	Unknown whether on or off duty

CODE GROUP	CATEGORY DESCRIPTION
000 - 059	Accidents in air transport
000-029	Involving military aircraft
000-009	Powered heavier-than-air fixed wing
010-016	Rotary-wing
017-019	Other
021-026	Parachuting, not because of aircraft damage or failure
028-029	Person not making flight but injured incident to aircraft accident
030-039	Involving nonmilitary & unspecified aircraft
030-033	While making flight
034-035	While boarding or alighting from
039-039	Person not making flight but injured incident to aircraft accident
040-049	Accident involving spacecraft
040-046	Astronaut was in spacecraft
047-049	Person not making flight but injured incident to aircraft accident
050-059	Escape system injuries
100-149	Accidents in land transport
100-119	Motor vehicle traffic accidents
100-109	Accident not involving military-owned vehicles (or unspecified ownership)
110-119	Accident involving military-owned vehicle
120-149	Land transport accidents, except motor vehicle traffic accidents
120-139	Motor vehicle non-traffic accident
140	Railway accident
141-148	Other land transport accident
149	Other specified land transport accident
150-199	Accidents in water transport
150-159	Water transport accident, involving submersion
160-164	Accident involving falling, twisting, turning, slipping, running w/o fall
170-172	Accident involving machinery
190-199	Other water transport accidents
191	Noxious fumes
192	Excessive heat
193	Inadequate ventilation
195	Diving accident
197	Radiation injury or other nuclear accident
200-249	Athletics and sports
201-219	Occurring onboard ship
220-239	Athletics & sports accident (inc. unspecified place of occurrence)

250-299	Reactions, complications, and misadventures in medical or surgical procedures, late complications, effects
250-269	Complications of prophylactic inoculation
270-279	Complications of other diagnostic, non-therapeutic medical, or surgical procedure (includes adverse reaction or misadventure)
280-289	Complication of therapeutic medical or surgical procedure (includes adverse reaction or misadventure)
290-298	Late complications or late effects
299	Late complication or late effects of old injuries
300-479	Instrumentalities of war, when employed by the enemy in war time
300-329	Agents of nuclear warfare
300-309	Injuries at time of explosion
310-311	Injuries subsequent to time of explosion
320-339	Agents of chemical warfare (excludes incendiaries)[can be subdivided]*
340-349	Agents of biological warfare
400-419	Conventional weapons injury to occupant of aircraft
420-439	Conventional weapons injury to person on board ship
440-459	Conventional weapons injury to person on land or in unspecified location
460-479	Indirect or secondary effects of instrumentalities of war
480-499	Accidents in connection with own instrumentalities of war, when employed as such in wartime
480	Own nuclear weapons
481	Own chemical warfare agents
486-487	Own rockets, missiles, etc. & launching mechanisms
488-489	Own bombs, artillery, etc. & launching mechanisms
490	Own mines, torpedoes, etc.
491	Own small arms fire
492	Explosion of own munitions
493	Explosion of own weapons
494-495	Explosion of discharge of own weapon (noise, pressure) & mechanism
496-499	Other & unspecified
50*-59*	Guns, explosives, and related agents, except when used as instrumentalities of war wartime
50*	Nuclear weapons
51*	Chemical warfare agents
52*	Biological warfare agents
53*	Rockets & missiles
54*	Bombs, artillery & other projectiles
55*	Mines
56*	Bullets or other projectile from small arms weapons
57*	Explosion in the handling of ammunitions or other munitions
58*	Mechanism of small arms
59*	Other or unspecified
60*-69*	Machinery, tools, and selected agents
60*	Machinery
61*	Tools
62*	Electric current
63*	X-ray, radium, or other radioactive substance
64*	Cutting or piercing instruments
65*	Explosion of pressure vessel
66*	Falling or projected object or missile
67*	Static objects
68*	Foreign objects entering body orifice
69*	Shoes, clothing, etc.

70*-79*	Poisons, fire, hot or corrosive substances
70*	Poisoning by ingestion of toxic substance
71*	Poisoning by inhalation of toxic substance
72*	Adverse systematic or skin reaction by contact with toxic substance
73*	Sting or bite of venomous reptile
74*	Sting or bite of venomous arthropod
75*	Fire, explosion with fire, conflagration
76*	Hot liquids or steam (includes molten metals)
77*	Corrosive substances, external chemical burns only
78*	Sot solids or other hot objects
80*-89*	Specified environmental factors (natural or artificial environment)
80*	Excessive heat or insulation
81*	Excessive cold
82*	High or low pressure
83*	Excessive noise
84*	Hunger, thirst, or exposure
85*	Lightning or cataclysm (includes tornado, flood, etc.)
86*	Drowning or submersion, nec
87*	Motion: travel (inc air sickness, etc.)
88*	Animals, nec
90*-99*	Falls & miscellaneous other unspecified agents
90*	Fall on or jump from stairs or ladder
91*	Other fall or jump from one level to another
92*	Falls/jumps on same level including unspecified
93*	Marching or drilling, not elsewhere classified
94*	Twisting, turning, slipping, running, etc., nec without fall
95*	Lifting, pushing pulling
96*	Hanging, suffocation, or strangulation
97*	Fighting (nec)
98*	Other specified agents
99*	Unspecified causative agents, unknown

*	PLACE OF OCCURANCE OF INJURY
0	On board aircraft or spacecraft in air or space.
1	On board ship, other water transport or in water, e.g. sea, rivers, lakes etc.
2	On land and at an airfield.
3	On land and at a dock.
4	On land and at an industrial plant, e.g. ordnance factory, supply warehouse, repair shop etc.
5	On land and on firing range or drill field.
6	On land and on obstacle course.
7	On land and in kitchen (other than home), mess hall, or bakery.
8	On land in the home, quarters or barracks.
9	On land other or unspecified.

APPENDIX D

THE ARMY SAFETY PROGRAM

SECTION I. “ACCIDENT” INVESTIGATION

What is an Army “accident”? An unplanned event or series of events that result in one or more of the following as a consequence of Army operations (Army involvement in an “accident” with fault, regardless of degree).

- Damage to Army property (including government-furnished material [GFM], government-furnished property [GFP], and government-furnished equipment [GFE] provided to a contractor).
- Injury (fatal or nonfatal) to military personnel, on or off duty.
- Injury (fatal or nonfatal) to on-duty Army civilian personnel, including nonappropriated fund employees and foreign nationals employed by the Army, when incurred during performance of duties while in a work-compensable status.
- Occupational injury or illness (fatal or nonfatal) to Army military personnel, Army civilian employees, nonappropriated fund employees, or foreign nationals employed by the Army.
- Injury or illness (fatal or nonfatal) to non-Army personnel or damage to non-Army property.

Why Investigate and Report “accidents”? The Army investigates and reports “accidents” in order to do the following:

- Save personnel and equipment by identifying problem areas (deficiencies) as early as possible so that changes/corrections/countermeasures can be developed and implemented before more people are hurt or killed or equipment is damaged/destroyed/lost. Numerous types of deficiencies can be identified using “accident” report information. For example:
 - * Equipment deficiencies can be identified at an early stage so that they may be passed along to the manufacturer and corrected before people are hurt or killed.
 - * Training deficiencies can be identified so that they may be passed along to the trainers and corrected before further injuries occur or property is damaged.

- Provide commanders and Army leaders with a complete picture of unit readiness and health hazards in the workplace.
- Meet the legal/regulatory needs of the following:

Property damage is the cost of repair or replacement. Property damage costs are separated from personnel injury/illness costs for classifying A through C “accidents”. “Accidents” are no longer classified based solely on property damage or injury/illness severity.

- * Occupational Safety and Health Act (Public Law 91-596).
- * Executive Order 12196.
- * Title 29, Code of Federal Regulations, Part 1960 (Basic Program Elements for Federal Employee Occupational Safety and Health Programs).
- * DoD Instruction 6055.7, Mishap Investigation, Reporting, and Record keeping.
- * AR 385-40, Accident Reporting and Records.

What should be investigated and reported? The Army classified “accidents” by severity of injury and property damage. These classes (A through D) are used to determine the appropriate investigative and reporting procedures.

- Class A. The total cost of reportable damage is \$1,000,000 or more; an Army aircraft, missile, or spacecraft is destroyed; or an injury and/or occupational illness results in a fatality or permanent total disability.
- Class B. The total cost of reportable property damage is \$200,000 or more, but less than \$1,000,000; and injury and/or occupational illness results in permanent partial disability; or five or more people are hospitalized as inpatients.
- Class C. The total cost of property damage is \$10,000 or more, but less than \$200,000; a nonfatal injury causes any loss of time from work beyond the day or shift on which it occurred; or a nonfatal illness or disability causes loss of time from work or disability at any time (lost-time case).

- Class D. The cost of property damage is \$2,000 or more, but less than \$10,000; or a nonfatal injury does not meet the criteria of a Class C “accident” (e.g., no time was lost or time lost was restricted to the day or shift on which the injury occurred).

All classes of Army “accidents” are reportable to the local activity or installation safety office. However, only certain “accidents” require completion and submission of DA Form 285. These recordable “accidents” include Classes A, B, and C “accidents” and Class D property-damage “accidents”. See AR 385-40 for details.

Occurrences that are not “accidents” are listed in AR 385-40. These do not have to be reported to the safety office, and a DA Form 285 does not have to be completed on them. Contact your local safety office when in doubt.

Who investigates and reports “accidents?” For “accidents” that require a DA Form 285, the commander or supervisor directly responsible for the operation, materiel, or people involved in the “accident” will make sure of the following:

- An investigation is performed to obtain the facts and circumstances of the “accident” for prevention purposes (AR 385-40, chapter 3).
- DA Form 285 is completed according to instructions on the form and instructions contained in this package. The form must be forwarded through the installation safety office to the Army Safety Center for recording in the Army Safety Management Information System (ASMIS) within 30 days of the “accident”. ARNG reports will be sent to the state safety office.
- Required support is provided to accident investigation boards. Chapter 3 of AR 385-40 identifies accidents that require a board investigation.

In some cases, it will not always be clear who is responsible for investigating an “accident” and submitting a DA Form 285. The responsibilities for investigating and reporting special cases such as “accidents” involving persons in temporary duty (TDY), pass, leave, absent without leave (AWOL), or permanent change of station (PCS) status are included in chapter 3 of AR 385-40.

SECTION II. SAMPLE DA FORM 285 (Version May 91)

U.S. ARMY ACCIDENT REPORT

Instructions

General. The unit having the accident must investigate it and complete this report. Complete the shaded portions **only** for: Military off-duty, non-fatal accidents; and military on-duty accidents resulting in less than 20 lost workdays. Accidents involving 20 or more lost workdays and/or total property damage of \$2,000 or more will require completion of the entire report. Type or legibly print the report. Items may be continued on a blank sheet of paper and attached to the report. Items listed below are keyed to the block numbers of DA Form 285, May 91. Items not listed here are self explanatory. Specific questions concerning this form should be referred to the local safety office.

SECTION A - Accident Information

Note: This section should be completed for the initial report and for any changes to a previously submitted report.

1. Check "INITIAL" if this is the first report on the accident. Check "CHANGE" if this report is a change to a previously submitted report of the accident.

2. Enter the 6-digit Unit Identification Code (UIC) for the unit responsible for the accident (e.g., WXXXXX).

3. Provide military unit information for the unit listed in Block 2.

a. Full military address (e.g., C Troop, 1/17 Cavalry, Ft. Bragg, NC 12345-6789).

b. Provide the unit branch (e.g., Armor, Infantry, Transportation).

4. Enter the year, month, and day of the accident (e.g., 90 11 07 {7 November 1990}).

5. Enter the military time the accident occurred (e.g., 0815, 2300).

7. Check either item a or b, depending on the location of the accident.

8. If item a is checked, state name of post or installation (e.g., Ft. Bragg, NC; Federal Center, Atlanta, GA; Ft. Hood, TX; Shaw AFB, SC).

9. Check item a if accident occurred in a theater of hostile fire or enemy action, but not as a result of such fire/action. This includes direct preparation for combat, actual combat, or redeployment from a combat theater.

10. Check "Yes" if explosives (C-4, TNT), ammunition, or pyrotechnics were involved and explain in Block 63 its involvement and specify the National Stock Number (NSN).

11. Give enough detail to find the exact location of the accident (e.g., building number, street or highway name, state and/or country). Also state the type of location (e.g., road intersection, tank trail, family housing, firing range).

SECTION B - Personnel Information

Note: Complete this section for each individual involved and/or injured in the accident. "Involved" means any person who was injured, or who took actions, or made decisions which caused or contributed to the accident. If more than one person was involved, enter information on one person on the initial form and complete only Sections A and B on additional forms for others. Staple all forms together.

16. Enter individual's rank/grade (e.g., E5/SGT, O3/CPT, GS-11, WG-8). Complete for all Government personnel.

17. Enter individual's full MOS/Job Series (e.g., 54E20, 11B40, GS-301).

18. Provide individual's full **Military** address for all Government personnel. If this address is not the same as that in Block 3a, provide the unit UIC.

21. State how many continuous hours without sleep this individual was on-duty prior to the accident.

22. Indicate how many hours of continuous sleep this individual had in the past 24 hours.
23. State the estimated number of days this individual will be away from work (*totally unable to perform any work, bed rest/on quarters*). Does not include days hospitalized.
24. State the estimated (or actual) number of days this individual is hospitalized (*inpatient/admitted*) receiving treatment. Days hospitalized for "observation only" are not reported.
25. State the estimated number of days this individual will not be able to perform his or her regular duties (*light duty, profile*).
26. Check appropriate block. If more than one applies, check the most severe.
28. For this individual's "most severe injury", check the appropriate block(s) (*no more than 3*) that indicate the cause of the injury.
29. Number the body part(s) most seriously injured (*no more than 3*) in their order of priority (*the most serious first*). Be as specific as possible.
30. For each body part numbered in block 29, place a corresponding number to indicate the type of injury received (*select only the most serious*).
31. Check the appropriate block that best describes the individual's action at the time of the accident. If Block 31gg is checked, complete Blocks 76 and 77 of Section H, as indicated by these instructions.
32. Provide a short but detailed explanation of the item checked in Block 31.

Note: For this report, the following definitions apply:

Tactical Training - Training in a field environment that uses or develops combat or combat support skills.

Field Exercise and Tactical Training - This begins when the individual reports to his or her primary duty location for movement to the field site and ends when he or she arrives back at the primary duty location from the field.

33. Check "Yes" if activity listed in Block 31 was part of a field exercise. State name of exercise if it has a name (e.g., Team Spirit, Reforger).

42. If vision enhancement device(s) were used, specify type and model numbers, and whether they caused the accident (e.g., Night Vision Goggle, AN-PVS5A).

43. Provide standard or reference (*Soldier's Manual, AR, TM, etc.*), if it exists, that covers performance of the activity identified in Block 31.

46. Provide a simple explanation of the mistake(s) or how the activity or task was performed incorrectly (e.g., SGT Smith improperly backed his M915 truck without a ground guide).

47. In your opinion, why was the mistake made or the activity performed incorrectly? Check the most important reason.

51. Check the block corresponding to the piece of equipment associated with the person in Block 12 (e.g., SGT Adams was driving the "at-fault" HMMWV; his name will be in Block 12, and his vehicle will be item a in Section C below).

SECTION C - Property/Material Involved

Complete Blocks 52-59 on each piece of property or item of equipment involved in the accident (*whether damaged or not*). Include Army and non-Army, as well as equipment whose use or misuse contributed to the accident. Include up to 3 items of equipment on the initial form. Use additional blank sheets of paper for other equipment if necessary, continuing letter sequence (e.g., A, B, C, D, and E).

52. Type of equipment (e.g., sedan, truck, generator).

53. Full military equipment model number or civilian make (e.g., M109A2, M60A2, Ford Taurus, M16 Rifle).

55. Estimated cost of damage (ECOD) or actual cost of damage (ACOD) for each piece of property, which includes costs of parts and labor.

57. Indicate if this specific item was being towed **at the time of the accident**.

58. If Block 57 is "yes", indicate which item was doing the towing.

60. Complete for each component or part whose failure or malfunction contributed to the accident. Include the EIR/QDR number in Block 60e.

61. Indicate how and why each component or part failed or malfunctioned by selecting from the lists provided and entering the appropriate number in the blocks provided.

SECTION D - Environmental Conditions Involved

62. Check the environmental conditions present at the time of the accident (*no more than 3*) by checking appropriate blocks, whether contributing to the accident or not. Also check whether they caused or contributed to the accident.

SECTION E - Accident Description/Narrative

63. Fully describe the sequence of events that lead up to and caused the accident. Explain how and why the accident occurred. Also include information required from Blocks 10 and 47.

SECTION F - Corrective Action and Command Review

Note: The level of command review (*Company, Battalion, Division, etc.*) is determined by either the major Army command (MACOM) or installation policy.

65. Fully describe all actions taken, planned, or recommended to eliminate the cause(s) of this accident. Actions should be identified as appropriate at unit level, and all the way up to HQDA level.

SECTION G - SAFETY OFFICE USE ONLY

71. MACOM responsible for this accident (FORSCOM, TRADOC, etc.).

SECTION H - Special Interest/Supplemental Information

This section is for use by the U.S. Army Safety Center, MACOMs, or interested safety offices to obtain additional "Special Interest/Supplemental Information" on this accident as needed (e.g., M1 tank fires, tactical parachute accidents, etc.). Blocks 76 and 77 have been designated for collection of supplemental information on parachuting accidents.

Blocks 76 and 77. If Block 31gg was checked, provide the following supplemental information for each individual:

- a. Name of jumper;
- b. Jumper height;
- c. Jumper weight;
- d. Type of jump (*static line, non-tactical; static line, mass technical; freefall, non-tactical; freefall, tactical*);
- e. Type of parachute and model;
- f. Jumper's equipment (*list*);
- g. Weight of equipment;
- h. Wind direction and speed at
 - (1) Jump height,
 - (2) Drop zone;
- i. Jump altitude;
- j. Jumper's position in stick and door exited;
- k. Time pre-jump conducted;
- l. Date of last jump and type of jump;
- m. Number of previous jumps;
- n. Date graduated from basic airborne training (*year and month*);
- o. Type of aircraft;
- p. Accident cause(s): Improper exit, static line injury, broken static line, parachute malfunction, entanglement, lost or stolen air, oscillation, unstable position, dragged on DZ, tree landing, drop zone hazard (*specify*), or other.

SECTION F - CORRECTIVE ACTION AND COMMAND REVIEW

65. DESCRIBE THE ACTIONS TAKEN, PLANNED, OR RECOMMENDED TO ELIMINATE THE CAUSE(S) OF THIS ACCIDENT (from unit level up to HQDA).

66a. PRINTED/TYPED NAME OF COMMANDER

66b. RANK

66c. SIGNATURE

**66d. DATE OF SIGNATURE
(YY/MM/DD)**

66e. TELEPHONE NO.

b. TYPED NAME

b. SIGNATURE

c. TITLE

d. RANK / DATE

67

68

69

SECTION G - SAFETY OFFICE USE ONLY

70 LOCAL REPORT NO.

71 MACOM

72. Accident type (Check choice)

a. Army Motor Vehicle	h. Other Army Vehicle	o. Personal Injury - Other	
b. Army Combat Vehicle	i. Fire	p. Property Damage - Other	
c. Army Operated Vehicle	j. Chemical Agent	q. POV - On Official Business	
d. POV - Not on Official Business	k. Explosive	r. Space	
e. Marine Diving	l. Missile	s. Commercial Carrier/Transportation	
f. Marine Underway	m. Radiation		
g. Marine Not Underway	n. Nuclear		

73 NAME OF SAFETY POINT OF CONTACT (POC)

**74. PHONE NO OF SAFETY OFFICE POC
(AUTOVON, Commercial, Etc.)**

**75. DATE REPORT COMPLETED BY
SAFETY OFFICE (YY/MM/DD)**

SECTION H - SPECIAL INTEREST AND/OR SUPPLEMENTAL INFORMATION

76.

77.

78.

79.

U.S. ARMY ACCIDENT REPORT

For use of this form, see AR 385-40, the proponent agency is OCSA

Requirement Control Symbol
CSOCS-308

SECTION A - ACCIDENT INFORMATION

1. CHECK ONE <input type="checkbox"/> a. INITIAL <input type="checkbox"/> b. CHANGE		2. UIC (Unit Identification Code) (6-Digit Code of Unit Having Accident)		3a. UNIT NAME AND MILITARY ADDRESS		3b. BRANCH (Armor, Infantry, etc.)	
4. DATE OF ACCIDENT a. YR b. MO c. DAY		5. TIME OF ACCIDENT (Local Military Time)		6. PERIOD OF DAY (Check one) <input type="checkbox"/> a. Day <input type="checkbox"/> b. Night	7. ACCIDENT OCCURRED (Check one) <input type="checkbox"/> a. On Post <input type="checkbox"/> b. Off Post	8. IF ON POST, NAME OF INSTALLATION/FACILITY	
						9. ACCIDENT OCCURRED DURING (Check one) <input type="checkbox"/> a. Combat <input type="checkbox"/> b. Non-Combat	
10. WERE EXPLOSIVES OR AMMUNITION INVOLVED OR PRESENT? <input type="checkbox"/> Yes (Explain in Block 63) <input type="checkbox"/> No		11. EXACT LOCATION OF ACCIDENT (Detailed enough to locate site) (State type of location)					

SECTION B - PERSONNEL INFORMATION

12. NAME (Last, First, MI)			27. CLASSIFICATION AT TIME OF ACCIDENT (Check)		28. CAUSE OF INJURY/OCCUPATIONAL ILLNESS (Check the most serious)			
			b. Active Army	a. Struck Against	h. Overexertion			
			c. Army Civilian	b. Struck By	i. Exposure			
			d. Army Contractor	c. Fell from Elevation	j. External Contact			
			e. Nonappropriated Fund (NAF)	d. Fell from Same Level	k. Ingested			
			f. Other U.S. Military	e. Caught In/ Under/ Between	l. Inhaled			
			g. ROTC	f. Rubbed/abraded	m. Bodily Reaction			
			h. Dependent	g. Bodily Reaction				
			i. NGB Tech	29. BODY PART(S) AFFECTED (Check primary) (No more than 3)				
			j. NGB IDT	a. Body (General)	p. Fingers			
			k. NGB AT	b. Head	q. Leg			
			l. NGB ADR	c. Forehead	r. Knee			
			m. NGB ADT	d. Eyes	s. Ankle			
			n. USAR IDT	e. Nose	t. Foot			
			o. USAR AT	f. Jaw	u. Toes			
			p. USAR ADT	g. Neck	v. OTHER (Specify)			
			q. USAR FTM	h. Trunk				
			r. Foreign Nat. Direct Hire	i. Chest				
			s. Foreign Nat. Indirect Hire	j. Heart				
			u. Foreign Nat. KATUSA	k. Back				
			v. Foreign Mil. Attached to the U.S. ARMY	l. Shoulder				
			w. Public	m. Arm				
			x. Not reported	n. Wrist				
			y. Hand					
30. TYPE OF INJURY/ILLNESS (Check the most serious)								
			a. Burns (Chemical)	h. Abrasions	o. Frostbite			
			b. Burns (Thermal)	i. Concussion	p. Heat Stroke			
			c. Amputation	j. Sprain/Strain	q. Heat Exhaustion			
			d. Decompression Sickness	k. Cuts/Lacerations	r. Noise Injury/Illness			
			e. Asphyxiation (Suffocation)	l. Contusion				
			f. Fractures	m. Puncture Wound				
			g. Dislocation	n. Hernia, Rupture				

SECTION D - ENVIRONMENTAL CONDITIONS INVOLVED

62. Environmental conditions. (Check environmental conditions present and indicate if condition caused/contributed to the accident.)

PRESENT	CAUSED/ CONTRIBUTED	CONDITION	PRESENT	CAUSED/ CONTRIBUTED	CONDITION
	a.	Clear/dry; visibility unlimited			k. Wind gust/turbulence
	b	Bright, glare			l. Vibrate, shimmy, sway, shake
	c	Dark, dim			m. Radiation, laser, sunlight
	d.	Fog, condensation, frost			n. Holes, rocky rough, rutted, uneven
	e.	Mist, rain, sleet, hail			o. Inclined/stEEP
	f.	Snow, ice			p. Slippery (<i>not due to precipitation</i>)
	g.	Dust, fumes, gasses, smoke, vapors			q. Air pressure (<i>bends, decompression, altitude, hypoxia</i>)
	h.	Noise, bang, static			r. Lightning, static electricity, ground
	i.	Temperature/humidity (<i>cold, heat</i>)			s. OTHER (<i>Specify</i>)
	j.	Storm, hurricane, tornado			

SECTION E - ACCIDENT DESCRIPTION/NARRATIVE (From blocks 10, 47)

63. GIVE THE SEQUENCE OF EVENTS THAT AMPLIFY/EXPLAIN WHAT HAPPENED, LEADING UP TO AND INCLUDING THE ACCIDENT. (*Explain why accident happened.*)

64a. PRINTED/TYPED NAME OF PERSON COMPLETING THIS REPORT	64b. RANK	64c. TITLE
64d. SIGNATURE	64e. DATE OF SIGNATURE (YY/MM/DD)	64f. TELEPHONE NO.

SECTION B - PERSONNEL INFORMATION (Continued)

48. Time licensed on this vehicle (Check one)	49. Total AMY driving mileage (Check one)	50. Total time in unit (Check one)
a. Less than one year	a. Less than 1,000 miles	a. Less than 6 months
b. One to two years	b. 1,000 - 5,000 miles	b. 6 months - 1 year
c. Over two years	c. 5,000 - 10,000 miles	c. Over one year
d. Unlicensed	d. Over 10,000 miles	

51. WHICH ITEM FROM SECTION C APPLIES TO THE INDIVIDUAL NAMED IN BLOCK 12? (This is needed in order to relate the person in block 12 to the equipment/vehicle below.)

Item A Item B Item C OTHER (Specify) _____

SECTION C - PROPERTY/MATERIAL INVOLVED (Whether Damaged or Not)

	ITEM A	ITEM B	ITEM C
	52. Type of item		
53. Model number			
54. Ownership (DOD, DA, POV, Unit, Person)			
55. Dollar cost of damage			
56. Rollover protection system installed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
57. Was this item being towed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
58. If towed, enter letter for item doing towing.			
59. Types of collision codes (Pick up to three from list below and enter in blocks.) (In sequence.)			

Types of Collisions

1 - Going forward and collided with moving vehicle	7 - Ran off the road
2 - Going forward and collided with parked vehicle	8 - Jackknifed
3 - Collision while backing	9 - Going forward and rear-ended moving vehicle
4 - Collision with pedestrian	10 - Going forward and rear-ended parked vehicle
5 - Collision with object (other than vehicle/pedestrian)	11 - Collision while turning
6 - Overturned	12 - Other (Specify) _____

60. Component/Part that Failed/Malfunctioned (Complete this section if a materiel failure/malfunction caused/contributed to the accident.)

	ITEM A	ITEM B	ITEM C			
	a. National Stock Number					
b. Part Number						
c. Describe Part						
d. Manufacturer's Identification Code						
e. EIR/QDR Number						
61. How/Why Part Malfunctioned (Select code from "How" list below and enter in first block; select code from "Why" list and enter in second block.)	HOW	WHY	HOW	WHY	HOW	WHY

How Part Failed/Malfunctioned Codes

1 - Overheated/burned/melted	9 - Twisted/torqued
2 - Froze (temperature)	10 - Compressed/hit/punctured
3 - Obstructed/pinched/clogged	11 - Bent/warped
4 - Vibrated	12 - Sheared/cut
5 - Rubbed/worn/frayed	13 - Decayed/decomposed
6 - Corroded/rusted/pitted	14 - Electric current action
7 - Overpressured/burst	15 - Unknown/Other
8 - Pulled/stretched	Blank - Not reported

Why Part Failed/Malfunctioned Codes

1 - Improper equipment design
2 - Inadequate maintenance
3 - Inadequate manufacture of equipment
4 - Inadequate written procedures (AR, TM, SOP)
5 - Improper supervision
6 - Unknown
7 - Other (Specify in narrative) _____

SECTION B - PERSONNEL INFORMATION (Continued)

31. Person's action(s) at time of accident (Check one and explain in Block 32.)

a. Soldiering	i. Test/Study/Experiments	s. Fabricating	aa. Hobbies
b. Combat Soldiering	k. Educational	t. Handling Material/Passengers	bb. Passenger
c. Physical Training	l. Information and Arts	u. Janitorial/ Housekeeping/ Grounds Keeping	cc. Human movement
d. Weapons Firing	m. Food and Drug Inspection	v. Food/Drink Preparations	dd. Horseplay
e. Engineering or Construction	n. Laundry/Dry Cleaning Services	w. Supervisory	ee. Bystanding/speculating
f. Communications	o. Post/Plant Control	x. Office	ff. Personal Hygiene/Food/Drink Consumption/Sleeping
g. Security/Law Enforcement	p. Operating Vehicle or Vessel	y. Counseling/Advisory	gg. Parachuting (See Instructions)
h. Fire Fighting	q. Handling Animal	z. Sports	
i. Patient Care (People/Animals)	r. Maintenance/Repair/Servicing		

32. SPECIFIC DESCRIPTION OF ACTIVITY/TASK

33. ON FIELD EXERCISE (Check one)

a. Yes (If YES, specify name of exercise.)
 b. No

34. ACTIVITY PART OF TACTICAL TRAINING? (Check one)

a. Yes
 b. No

35. Type of training facility being used (Check one)

a. Garrison	d. NTC	g. Std. range facility/ live fire
b. Local training area	e. JRTC	
c. Major training area	f. CMTC	h. Other (Specify)

36. Type of training participating in at the time of accident (Check/specify)

a. School (Specify)		
b. Unit → (1) Platoon	(2) Crew	(3) Individual
c. On-the-job training	d. Other (Specify)	

37. Last time individual received training prior to accident on activity specified in block 31? (Check one)

a. 0 - 3 months	e. 1 - 2 years
b. 3 - 6 months	f. More than 2 years
c. 6 - 9 months	g. Never
d. 9 - 12 months	h. Not applicable

38. Required protective equipment

CHECK APPROPRIATE BLOCK(S)	AVAILABLE?		USED?		N/A
	YES	NO	YES	NO	
a. Seat belt					
b. Helmet					
c. Goggles/glasses					
d. Gloves					
e. Ear plugs					
f. Other (Specify)					

a. Soldier's Manual (Task No.)	b. CTT (Task No.)	c. AR/TM/FM (Specify)	d. SOP	e. None (Go to block 45.)	
43. Standard/Reference covering activity/task					
44. WAS ACTIVITY/TASK PERFORMED IAW STANDARD/REFERENCE? (Check one)					

<input type="checkbox"/> a. Yes	<input type="checkbox"/> b. No (If NO, complete blocks 46-47.)
45. DID INDIVIDUAL MAKE A MISTAKE? (Check one)	

<input type="checkbox"/> a. Yes (If YES, complete blocks 46-47.)	<input type="checkbox"/> b. No
46. What was the mistake? How was the activity/task performed incorrectly? (Explain below.)	

47. Why was mistake made/activity performed incorrectly? (Check the most important reason and specify in Block 63.)

a. Inadequate school training (content/amount)	i. In a hurry	ii. Inadequate services
b. Inadequate unit training (content/amount)	iii. Poor/bad attitude	iv. Improper equipment design
c. Inadequate on-the-job training (content/amount)	vi. Lack of rest/sleep	vii. Inadequate written procedures (AR, TM, SOP)
d. Fear/ excitement	v. Effects of alcohol/drugs	ix. Improper supervision
e. Overconfident in own/others abilities	xi. Inadequate facilities	x. Other (Specify in narrative)

APPENDIX E
ARMY SAFETY MANAGEMENT INFORMATION SYSTEM
(AVIATION AND GROUND VARIABLES)

AVIATION VARIABLES		
VARIABLE	DESCRIPTION	VALUE
BODREG	BODY REGION	SEE PGS. 141-142 (BLOCK 5) OF THE AVIATION USER/S GUIDE. ALSO REFER TO THE BODREG.AVI FILE.
BODREGOL	BODY REGION QUALIFIER	00(GENERAL)/ 01(BLOOD VESSELS)/ 02(BONES/SKELETAL)/ 03(CARTILAGE)/ 04(GLANDS)/ 05(JOINTS)/ 06(MUSCLES)/ 07(NERVES)/ 08(SKIN/MEMBRANE)/ 09(TENDONS/LIGAMENTS)/ 10(MULTIPLE ORGANS)/ 97(NOT REPORTED)/ OR 98(UNKNOWN)
CAMC	CURRENT ARMY MISHAP CLASSIFICATION	A-E (CORRESPONDING TO THE CLASS)
CAUDEA	CAUSE OF DEATH	SEE PGS. 148-149 (BLOCK 8) OF THE AVIATION USER/S GUIDE. ALSO REFER TO THE CAUDEA.AVI FILE.
CFACT	INJURY CAUSE FACTOR ACTION	SEE PG. 147 (BLOCK 5) OF THE AVIATION USER/S MANUAL. ALSO REFER TO THE CFACT.AVI FILE.
CFQL	INJURY CAUSE FACTORS QUALIFIER	SEE PGS. 147-148 (BLOCK 5) OF THE AVIATION USER/S MANUAL. ALSO REFER TO THE CFQL.AVI FILE.
CFSUB	INJURY CAUSE FACTOR SUBJECT	SEE PGS. 146-147 (BLOCK 5) OF THE AVIATION USER/S MANUAL. ALSO REFER TO THE CFSUB.AVI FILE.
DATE	TIME OF MISHAP	YYMMDD
DAYHOSP	NUMBER OF DAYS HOSPITALIZED	ANY VALID NUMBER (3 POSITIONS)
DAYLOST	DAYS AWAY FROM WORK	ANY VALID NUMBER (3 POSITIONS)
DAYREST	DAYS RESTRICTED ACTIVITY	ANY VALID NUMBER (3 POSITIONS)
DEGINJ	DEGREE OF THE INJURY	A(FATAL)/ B(PERMANENT TOTAL DISABILITY)/ C(PERMANENT PARTIAL DISABILITY)/ D(LOST WORKDAY CASE- DAYS AWAY FROM WORK)/ E(LOST WORKDAY CASE-RESTRICTED WORK ACT.)/ F(NONFATAL CASE WITHOUT LOST WORKDAYS)/ G(FIRST AID ONLY)/ H(MISSING AND PRESUMED DEAD)
DMS	KEYWORD FOR TYPE OF AIRCRAFT. THIS FIELD IS THE 7-POSITION CODE RETRIEVAL FOR AIRCRAFT	SEE PGS. 99-100 (BLOCK 8) OF THE AVIATION USER/S GUIDE. ALSO REFER TO THE DMS.AVI FILE.
DOD	DOD CLASSIFICATION	A-E (CORRESPONDING TO THE CLASS)
DUST	DUTY STATUS	A(ON DUTY) OR B(OFF DUTY)
DUTY	DUTY	A(ON DUTY) OR B(OFF DUTY)
EVENTS	THIS FIELD CONTAINS ALL TYPES OF EVENTS OR CAN BE BROKEN DOWN INTO 3 SUBFIELDS.	SEE PGS. 92-93 (BLOCK 2) OF THE AVIATION USER/S GUIDE. ALSO REFER TO THE EVENTS.AVI FILE
GRADE	GRADE	SEE PGS. S182-S183 IN THE AVIATION USER/S MANUAL. ALSO REFER TO THE GRADE.AVI FILE.
INJCOST	INJURY COST (WHOLE DOLLARS ONLY)	ANY NUMBER (7 POSITIONS). WHOLE DOLLARS ONLY
INJSEV	SEVERITY OF THE INJURY	01(NO INJURY)/ 02(MINIMAL)/ 03(MINOR)/ 04(MAJOR)/ 05(CRITICAL)/ 06(FATAL)/ OR 98(SEVERITY UNKNOWN)
INJTYPRS	INJURY TYPES OR RESULTS	SEE PGS. 143-145 (BLOCK 5) OF THE AVIATION USER/S GUIDE. ALSO REFER TO THE INJTYPRS.AVI FILE.
MCHACT	MECHANISM OF THE INJURY	01(CAUGHT IN/UNDER/BETWEEN)/ 02(EXPERIENCED)/ 03(EXPOSED TO)/ 04(STRUCK AGAINST)/ 05(STRUCK BY)/ 06(THROWN FROM)/ 97(NOT REPORTED)/ OR 98(UNKNOWN/ UNCLASSIFIED)
MCHQL	MECHANISM QUALIFIER	SEE PG. 146 (BLOCK 5) OF THE AVIATION USER/S MANUAL. ALSO REFER TO THE ACHQL.AVI FILE.
MISN	MISSION OF FLIGHT. THIS FIELD WILL BE CODED BY USASCJ PERSONNEL. IT/S DIVIDED INTO 3 SUBFIELDS.	SEE PGS.103-105 (BLOCK 18) OF THE AVIATION USER/S GUIDE. ALSO REFER TO THE MISN.AVI FILE.
PERDAY	PERIOD OR TIME OF DAY	1(DAWN)/ 2(DAY)/ 3(DUSK)/ 4(NIGHT)/ OR 9(UNKNOWN)
POST	LOCATION OF accident	1(ON POST ON AIRFIELD)/ 2(ON POST NOT ON AIRFIELD)/ 3(ON AIRFIELD OF ANOTHER SERVICE)/ 4(ON CIVIL AIRFIELD)/ OR 5(OFF

		POST NOT ON AIRFIELD)
SEX	SOLDIER GENDER	F (FEMALE) OR M(MALE)
SSENCID	ENCODED SOCIAL SECURITY NUMBER (11 POSITIONS)	
SURV	SURVIVABILITY IS IN REFERENCE TO THE AIRCRAFT AND OCCUPANTS/ I.E./ WHETHER OR NOT THE CRASH FORCES IMPARTED TO THE OCCUPANTS ARE WITHIN LIMITS OF HUMAN TOLERANCE/ AND COLLAPSE OF STRUCTURE INTO THE OCCUPIABLE AREA/ INJURIES ARE NOT A FACTOR IN DETERMINING	1(SURVIVABLE)/ 2(PARTIALLY SURVIVABLE)/ 3(NON-SURVIVABLE) OR 4(AIRCRAFT MISSING)
TIME	TIME OF MISHAP (4 POSITIONS- RIGHT JUSTIFY)	4 DIGIT ARMY TIME
TOTCOST	ESTIMATED COST	ANY NUMBER (WHOLE DOLLARS ONLY)
WING	DESIGN (E.G./ WING = F(ixed) OR H(elicopter)	SEE PGS. 99-100 (BLOCK 8) OF THE AVIATION USER/S GUIDE. ALSO REFER TO THE DMS.AVI FILE.

GROUND VARIABLES

VARIABLE	DESCRIPTION	VALUE
ACTIVM1	TWO DIGIT OLD CODE AND TWO DIGIT MODIFIER/ I.E./ 0104 WILL RETRIEVE SOLDIERING BARRACKS.	SEE PGS. B-21 TO B-28 (BLOCK 31) OF THE GROUND USER/S MANUAL. ALSO REFER TO THE ACTIVEM1.AMO FILE.
ALCOHOL	INDICATES WHETHER ALCOHOL CAUSED/CONTRIBUTED TO THE accident	A=YES/B=NO/Z=UNK
AMC	ARMY MISHAP CLASSIFICATION	0
AMC2	UNK	
AMVMILES	AMV MILES DRIVEN	A=<1000MI/B=1000-5000/C=5000-10,000/D=OVER 10,000
ANYDRUG	INDICATES IF DRUGS WERE INVOLVED	Y=YES/N=NO
BRANCH	UIC OF THE BRANCH OF THE ARMY WITH WHICH THE UNIT IS AFFILIATED. THIS INFORMATION IS PROVIDED BY THE USER.	AD(AIR DEFENSE ARTILLERY)/ AG(ADJUTANT GENERAL)/ AR(ARMOR)/ AS(SECURITY)/ AV(AVIATION)/ CA(CIVIL AFFAIRS)/ CH(CHAPLAIN)/ CM(CHEMICAL)/ EN(ENGINEERS)/ FA(FIELD ARTILLERY)/ FI(FINANCE)/ HQ(SPECIAL WEAPONS)/ IN(INFANTRY)
CASE	A NINE DIGIT FIELD THAT GIVES A UNIQUE FILING IDENTIFIER FOR THE HARDCOPY 285/AGAR REPORT RECEIVED. IT CONSISTS OF THE DATE THE accident HAPPENED PLUS A THREE DIGIT SEQUENCE NUMBER ASSIGNED BY THE USASC.	DATE AND SEQUENCE NUMBER
CASEYEAR	YEAR FROM CASE VARIABLE	YY
CONUS	DESCRIBES WHETHER THE accident WAS IN CONUS OR NOT. (OVERSEAS)	1(CONUS)/ OR 2(OUTSIDE CONUS)
DAMCOST	TOTAL DAMAGE COST FOR THIS CASE	
DAYHOSP	USED TO RETRIEVE/DISPLAY THE NUMBER OF DAYS THE INDIVIDUAL WAS IN THE HOSPITAL.	ANY NUMBER
DAYLOST	APPLICABLE ONLY IF THE SEVERITY OF INJURY IS LOST WORKDAY CASES- DAYS AWAY FROM WORK.	ANY NUMBER
DAYREST	USED TO RETRIEVE/DISPLAY THE NUMBER OF RESTRICTED WORKDAYS/ I.E./ DAYS OF LIGHT DUTY.	ANY NUMBER
DINJ	NUMBER OF INJURY	(A,B,C,D,E)
DRUGILL	DRUGS ILLEGAL	Y=ILLEGAL/BLANK=NOT REPORTED
DRUGNONE	DRUGS NONE	Y=NONE/BLANK=NOT REPORTED
DRUGOTC	OTC DRUG	Y=OTC/BLANK=NOT REPORTED
DRUGPRES	PREScription DRUGS	Y=PREScription/BLANK=NOT REPORTED
DRYGCN	UNK	UNK

DUTY	ON/OFF DUTY	A(ON DUTY) OR B(OFF-DUTY)
EARAVAIL	EAR PLUG AVAILABLE	Y/N
EARNA	EAR PLUG NOT AVAILABLE	Z
EARUSED	EAR PLUGS USED	Y/N
EXPINV	EXPLOSIVES INVOLVED	A=YES/B=NO
EXPRES	EXPLOSIVES PRESENT	A=YES/B=NO
FILEFROM	FILE ORIGIN 803,849, 906	
FLT	FLT STATUS	A(YES) OR B(NO)
GLOAVAIL	GLOVES AVAILABLE	Y/N
GLONA	GLOVES NOT AVAILABLE	Z OR N/A
GLOUSED	GLOVES USED	Y/N
GOGAVAIL	GOGGLES/GLASSES AVAILABLE	Y/N
GOGNA	GOGGLES/GLASSES NOT AVAILABLE	Z
GOGUSED	GOGGLES/GLASSES USED	Y/N
GRADE	SPECIFIES THE GRADE OF THE INDIVIDUAL INVOLVED IN THE accident. CIVILIANS ARE RECORDED BY GS OR WG GRADE. MILITARY ARE RECORDED BY THEIR GRADE.	SEE PGS/ B16-17 (BLOCK 16) OF THE GROUND USER/S MANUAL. ALSO REFER TO THE GRADE.AMO FILE.
HELAVAIL	HELMET AVAILABLE	Y/N
HELNA	HELMET NOT AVAILABLE	Z
HELUSED	HELMET USED	Y/N
HOUR	HOUR	1ST TWO DIGITS OF TIME
HRDUTY	RETRIEVES THE NUMBER OF HOURS THE INDIVIDUAL WAS ON DUTY BEFORE THE accident OCCURRED.	ANY NUMBER
HRSLEEP	RETRIEVES THE NUMBER OF HOURS SLEEP IN THE LAST 24 HOURS. IS ONLY APPLICABLE IN CASES WHERE THE INDIVIDUAL WAS ON DUTY MORE THAN 8 HOURS DIRECTLY PRIOR TO THE accident.	ANY NUMBER <24
INCBT	COMBAT/NONCOMBAT	A(COMBAT)/ OR B(NON-COMBAT)
INITTIME	TIME IN UNIT	A(LESS THAN ONE YEAR)/ B(ONE TO TWO YEARS)/ C(OVER TWO YEARS/ D(UNLICENSED)
INJ	DEGREE OF INJURY	A(FATAL)/ B(PERMANENT TOTAL DISABILITY)/ C(PERMANENT PART DISABILITY)/ D(LOST WORKDAY CASE-DAYS AWAY FROM WORK)/ E(LOST WORKDAY CASE-RESTRICTED WORK/ F(FIRST AID ONLY)/ OR G(NO INJURY)
INJCOST	TOTAL INJURY COST FOR THIS CASE	
IRESULT	INJURY RESULTS.	SEE PG.B-98 OF THE GROUND USER/S MANUAL. ALSO REFER TO THE IRESULT.AMO FILE.
LASTTNG	LAST TIME RECEIVED TRAINING	A=0-3MO/B=3-6MO/C=6-9MO/D=9-12MO/E=1-2YR/F=>2YR/G=NEVER/H=N/A
MISTAKE	INDICATES WHETHER THE INDIVIDUAL IN BLOCK 26 MADE A MISTAKE THAT CAUSED OR CONTRIBUTED TO THE accident.	A(YES) OR B(NO)
MOS1T4	USE THIS KEYWORD WHEN RETRIEVING BY THE FIRST FOUR DIGITS OF THE MOS.	FIRST 4 DIGITS OF THE MOS
NBPART	USED TO RETRIEVE/DISPLAY THE BODY PART AFFECTED BY THE INJURY OF ILLNESS LISTED IN BLOCK 30. MAXIMUM 3 OCCURRENCES.	A(BODY-GENERAL)/ B(HEAD)/ C(FOREHEAD)/ D(EYES)/ E(NOSE)/ F(JAW)/ G(NECK)/ H(TRUNK)/ I(CHEST)/ J(HEART)/ K(BACK)/ L(SHOULDER)/ M(ARM)/ N(WRIST)/ O(HAND)/ P(FINGERS)/ Q(LEG)/ R(KNEE)/ S(ANKLE)/ T(FOOT)/ U(TOES)/ V(OTHER-SPECIFY)
NCAUSE	THIS KEYWORD IS USED TO RETRIEVE/DISPLAY THE CAUSE OF THE accident.	A(STRUCK AGAINST)/ B(STRUCK BY)/ C(FELL FROM ELEVATION)/ D(FELL FROM SAME LEVEL)/ E(CAUGHT IN/UNDER/BETWEEN)/ F(RUBBED/ABRADED)/ G(BODILY REACTION)/ H(OVEREXERTION)/ I(EXPOSURE)/ J(EXTERNAL CONTACT)/ K(INGESTED)/ L(INHALED)/ M(THROWN FROM)/ Z(UNKNOWN)
NENVCONT	ENVIRONMENTAL CONDITIONS CONTRIBUTED TO MISHAP.	SEE PG. B-92 (BLOCK 62) OF THE GROUND USER/S MANUAL. ALSO REFER TO THE NENVPRES.AMO FILE.
NENVPRES	ENVIRONMENTAL CONDITIONS WERE PRESENT	SEE PG. B-92 (BLOCK 62) OF THE GROUND USER/S MANUAL. ALSO REFER TO THE NENVPRES.AMO FILE.

NITYPE	USED TO RETRIEVE/DISPLAY INFORMATION ON THE TYPE OF INJURY OR OCCUPATIONAL ILLNESS. MAXIMUM 3 OCCURRENCES OF NITYPE.	SEE PG. B-20 (BLOCK 30) OF THE GROUND USER/S MANUAL. ALSO REFER TO THE NITYPE.AMO FILE.
NVG	NIGHT VISION DEVICES	Y/BLANK
ONPOST	ON POST accident	A(ON POST)/ OR B(OFF-POST)
OTHTRNG	DESCRIBES THE TYPE OF OTHER TRAINING	TEXT FIELD
PARALT	PARACHUTE ALTITUDE	NO.
PARCAUSE	accident CAUSE	A=IMPROPER EXIT/B=STATIC LINE INJ/C=BROKEN ST. LINE/D=PARA.MAL./E=ENTANGLEMENT/F=LOST OR STOLEN AIR/G=OSCILLATION/H=UNSTABLE POS./I=DRAGGED ON DZ/J=TREE LANDING/K=DZ HAZ/L=OTH/M=IMPROPER PLF
PARDOOR	DOOR OF EXIT	A=RIGHT AFT/B=LEFT AFT/C=REAR
PAREQWHT	EQUIPMENT WEIGHT	
PARFORM	PARACHUTE SPECIAL FORM	
PARGRAD	DATE GRADUATED FROM AIRBORNE	DD-MM-YY
PARHGT	HEIGHT OF IND. IN INCHES	
PARJTP	TYPE OF JUMP	A=STATIC LINE NON-TAC/B=STATIC LINE MASS TECH/C=FF NON-TAC/D=FF TAC
PARLTJMP	LAST JUMP DATE	
PARLTTYP	LAST TYPE OF JUMP	A=STATIC LINE NON-TAC/B=STATIC LINE MASS TECH/C=FF NON-TAC/D=FF TAC
PARPOSST	PARACHUTIST POSITION ON STICK	
PARPREJP	# PREVIOUS JUMPS	
PARPRJMP	TIME PRE-JUMP BRIEFING OCCURRED	
PARSSAN	SSAN OF IND.	
PARWDDRP	WIND DIRECTION AT DZ	
PARWDJMP	WIND DIRECTION AT JUMP	
PARWEIGH	WEIGHT OF INDIV.	
PARWSDRP	WINDSPEED AT DZ	
PARWSJMP	WIND SPEED AT JUMP	
PERIOD	PERIOD OF DAY	A=DAY/B=NIGHT
PHYLOC	SPECIFIES THE TYPE OF AREA WHERE THE accident OCCURRED.	SEE PAGES B12-B14 (BLOCK 11) OF THE GROUND USER/S MANUAL. ALSO REFER TO THE FILE PHYLOC.AMOR.
PINJCOST	INJURY COST THIS PERSON	
PVEH	PRIMARY VEHICLE CODE (AMV/ TRACK/ POV)	AMV/ TRACK/ POV)
SBAVAIL	SEAT BELT AVAILABLE	Y/N
SBNA	SEAT BELT NOT AVAILABLE	Z
SBUSED	SEAT BELT USED	Y/N
SEX	SEX	A(MALE)/ B(FEMALE)/ C(UNKNOWN)
SSNENCID	ENCODED SOCIAL SECURITY NUMBER. THIS KEYWORD CANNOT BE USED AS AN ARGUMENT. IT CAN BE USED AS A FIELD TO BE DISPLAYED.	ANY 11-DIGIT NUMBER
STATE	STATE/COUNTRY CODE FOR WHERE THE accident OCCURRED.	SEE PAGES B14-B16 (BLOCK 11) OF THE GROUND USER/S MANUAL. ALSO REFER TO THE FILE STATE.AMO.
STATION	REPRESNTS THE GEOGRAPHICAL LOCATION OF UIC6. EACH UNIT IS ASSIGNED A STATION CODE WHEN THEY ARE ESTABLISHED. THIS KEYWORD WILL RETRIEVE ANY accident FOR EVERY UNIT ASSIGNED TO THE STATION CODE.	SEE PAGES B3-B11 (BLOCK 8) OF THE GROUND USER/S MANUAL. ALSO REFER TO FILE STATION.AMOR.
TCOST	THE COST OF THE DAMAGE TO THE PIECE OF PROPERTY WHICH INCLUDES THE COST OF PARTS AND LABOR.	ANY VALID NUMBER
THIT6	THIS KEYWORD IS USED TO RETRIEVE INFO. CONCERNING A PARTICULAR PIECE OF EQUIPMENT. (FIRST 2 POSITIONS=FAMILY GROUP/ 3RD &4TH POS.=CATEGORY/ AND THE LAST 2= SUBCATEGORY)	SEE PGS. B-35 TO B-88 (BLOCK 52). ALSO REFER TO THE THIT6.AMO FILE. 1ST SIX DIGITS OF THING CODE
TIME	TIME	4 DIGIT ARMY TIME
TNFAC	TYPE OF TRAINING FACILITY.	A(GARRISON)/ B(LOCAL TRAINING AREA)/ C(MAJOR

		TRAINING AREA)/ D(NTC)/ E(JRTC)/ F(CMTC)/ G(STANDARD RANGE FACILITY/LIVE FIRE)/ OR H(OTHER)
TNPARTIC	TYPE OF TRAINING PARTICIPATING. KEYWORD DISPLAYS THE ACTUAL CODES.	A(SCHOOL)/ C(ON-THE-JOB-TRAINING)/ D(OTHER)/ E(AIR ASSAULT SCHOOL)/ 1(UNIT-PLATOON)/ 2(UNIT-CREW)/ OR 3(UNIT-INDIVIDUAL)
TNTACT	USED IF THE INDIVIDUAL/S ACTIVITY WAS A PART OF TACTICAL TRAINING.	A(YES)/ B(NO)/ OR Z(UNKNOWN)
TNTYPE	TRAINING TYPE	PRIOR FY91
TREDAM	REASON DAMAGED	0
TREFAI	REASON FAILED	0
TREINJ	REASON CAUSE INJURY	0
TREUSE	REASON USED/MISUSED	0
TVEHCL	VEHICLE COLLISION CODE	SEE PG. B-90 (BLOCK 59) OF THE GROUND USER/S MANUAL). ALSO REFER TO THE TVEHCL.AMO FILE.
TYPES	RETRIEVES THE PRIMARY AND ALL SECONDARY TYPES OF accidents (UP TO 3). IT IS SUGGESTED THAT IF FIRE/ EXPLOSIVE OR CHEMICAL accidents ARE DESIRED/ USE THE KEYWORD TYPES TO RETRIEVE THEM.	A(ARMY MOTOR VEHICLE)/ B(ARMY COMBAT VEH.)/ C(ARMY OPERATED VEH.)/ D(POV- NOT ON OFFICIAL BUSINESS)/ E(MARINE DIVING)/ F(MARINE UNDERWAY)/ G(MARINE NOT UNDERWAY)/ H(OTHER ARMY VEH.)/ I(FIRE)/ J(CHEMICAL AGENT)/ K(EXPLOSIVE)/ L(MISSILE)/ M(RADIATION)
UIC1	REPRESENTS A PARTICULAR MACOM.	
UICSUB	REPRESENTS THE UIC2/ UIC3/UIC4/ UIC5/ AND UIC6 LEVELS OF THE accident REPORTING STRUCTURE (ARS)/ THIS KEYWORD MAY BE USED AS AN ARGUMENT TO LOCATE accidents IF THE UIC IS KNOWN BUT THE USER IS NOT SURE AT WHICH LEVEL OF COMMAND THIS UIC IS BEING	UIC2-UIC6 (NO MATRIX)
VEHCL	VEHICLE COLLISION ALL 3	SEE PG. B-90 (BLOCK 59) OF THE GROUND USER/S MANUAL). ALSO REFER TO THE VEHCL.AMO FILE.
WHATMIST	WHAT WAS THE MISTAKE	SEE PG. B-31 (BLOCK 45) OF THE GROUND USER/S MANUAL. ALSO REFER TO THE WHATMIST.AMO FILE.
WHYMIST	WHY WAS THE MISTAKE MADE/ACTIVITY PERFORMED INCORRECTLY?	A(INADEQUATE SCHOOL TRAINING- CONTENT/AMOUNT) OR B(INADEQUATE UNIT TRAINING- CONTENT/AMOUNT)
WKEVENT	WORK EVENT	0

APPENDIX F

U.S. ARMY DISABILITY DATABASE VARIABLES

VARIABLE	DESCRIPTION	VALUE
ACTIVE_M	NUMBER OF MONTHS ACTIVE SERVICE.	00-99 YEARS
ACTIVE_Y	NUMBER OF YEARS ACTIVE SERVICE.	00-40 YEARS
AGE	AGE OF SOLDIER/ LAST BIRTHDAY.	18-65 YEARS
ANALOG_1	ANALOGOUS CODE WHICH CORRESPONDS TO VASRD CODE 1 AND FURTHER DEFINES THE VASRD CODE.	5000-9999 (ANY VALID ANALOGOUS CODE)
ANALOG_2	CORRESPONDS TO ANALOG_1	5000-9999 (ANY VALID ANALOGOUS CODE)
ANALOG_3	CORRESPONDS TO ANALOG_1	5000-9999 (ANY VALID ANALOGOUS CODE)
ANALOG_4	CORRESPONDS TO ANALOG_1	5000-9999 (ANY VALID ANALOGOUS CODE)
BAS_D	BASIC ACTIVE SERVICE DATE.	VALID DATE ENTRY
BIRTH_D	SOLDIER BIRTH DATE.	VALID DATE ENTRY
BRANCH	BRANCH (FOR OFFICERS)	VALID BRANCH DESIGNATOR
CASE_TYP	CODE FOR CASE TYPE	ACTIVE/ TDRL/ ABCMR
COMBAT	LOGICAL T/F IF AILMENT OCCURRED DURING COMBAT.	T/F
COMBAT_R	LOGICAL T/F IF AILMENT WAS COMBAT RELATED.	T/F
COMPONENT	COMPONENT CODE	ADR(ACTIVE DUTY REGULAR ARMY)/ ADU(ACTIVE DUTY USAR)/ AGN(ACTIVE GUARD/RESERVE)/ AGR(ACTIVE GUARD/RESERVE)/ IRR(USAR INACTIVE REGULAR ARMY RESERVE)/ GUS/ARNGA(TROP UNIT/ACTIVE DRILLING MEMBER)/ TAD(TEMPORARY TOUR OF ACTIVE DUTY)/ OR USR(TROOP UNIT/ACTIVE
DATEDAY	FROM SSN DATE	DAY 2 DIGIT FORMAT
DATEDT	FROM SSN DATE	FULL DATE(YY-MM-DD)
DATEMONT	FROM SSN DATE	MONTH; 2 DIGIT
DATEYEAR	FROM SSN DATE	YEAR; 2 DIGIT FORMAT
DISPOSIT	DISPOSITION CODE READ FROM PDA_DISP FILE; PER CURRENT USAPDA SOP/DA DIRECTIVE.	A=SEVERANCE W/O BENEFITS/F=RETURN TO DUTY FIT/P=PERMANENT DISABILITY RETIREMENT/R=RETAINED ON TEMP.DIS.RETIRED/S=SEPARATED W/SEVERANCE/T=PLACED ON TEMP.DIS.RETIRED
D_RECEIV	DATE PEB RECEIVED CASE FROM PEBLO/MTF.	VALID DATE ENTRY
D_TDRL	DATE SOLDIER PLACED ON TDRL.	VALID DATE ENTRY
ETHNIC	SOLDIER ETHNIC GROUP.	()
FINAL_RS	FINAL DISPOSITION OF CASE.	F(FIT)/ S(SEPARATED WITHOUT BENEFIT)/ A(SEPARATED WITH BENEFIT)/ R(RETAINED ON TDRL)/ P(PLACED ON TDRL)/ OR M(TO BE DETERMINED BY USAPDA)
GRADE	PAY GRADE.	E1-E9/ W1-W4/ OR 01-010
MEDBOARD	DATE OF MEDICAL BOARD.	VALID DATE ENTRY
MTF_CODE	MEDICAL TREATMENT FACILITY CODE.	PER CURRENT USAPDA SOP/DA DIRECTIVE
ON_DUTY	LOGICAL T/F IF AILMENT OCCURRED WHILE ON DUTY.	T/F
PEB_D	PAY ENTRY BASE DATE.	VALID DATE ENTRY
PERCENT1	PERCENTAGE OF DISABILITY ASSIGNED AS A RESULT OF VASRD_1.	0/ 10/ 20/ .../ 100/ OR BLANK
PERCENT2	PERCENTAGE OF DISABILITY ASSIGNED AS A RESULT OF VASRD_2	0/ 10/ 20/ .../ 100/ OR BLANK
PERCENT3	PERCENTAGE OF DISABILITY ASSIGNED AS A RESULT OF VASRD_3	0/ 10/ 20/ .../ 100/ OR BLANK
PERCENTA	PERCENTAGE OF DISABILITY ASSIGNED AS A RESULT OF VASRD_A	0/ 10/ 20/ .../ 100/ OR BLANK

PERCENT_	TOTAL PERCENTAGE OF DISABILITY CALCULATED FROM THE PERCENT_* FIELDS.	0/ 10/ 20/ .../ 100/ OR BLANK
PHYSICAL	DATE OF LAST PHYSICAL	VALID DATE ENTRY
PMOS	PRIMARY MILITARY OCCUPATIONAL SPECIALTY	AS DETERMINED BY CURRENT ARMY REGULATIONS
RACE	SOLDIER RACE.	PER CURRENT USAPDA SOP/DA DIRECTIVE
RANK	SOLDIER RANK.	VALID RANK ABBREVIATION
REF	REFERENCE NUMBER CORRESPONDING TO REF IN PDA_VSRD.DBF.	0-99
RESULT_D	DATE CASE WAS CLOSED.	VALID DATE ENTRY
RSVD	20 CHARACTER PDA-DEFINED CODES FOR TRACKING OF CASES OF MANAGEMENT INTEREST.	AS DETERMINED BY CURRENT USAPDA SOP
SEX	SOLDIER GENDER.	M/F
SSNENCID	ENCODED SOCIAL SECURITY NUMBER OF SOLDIER.	VALID SSN
VASRD_1	FIRST VASRD CODE ASSIGNED IN CASE	5000-9999 (ANY VALID VASRD CODE)
VASRD_2	ADDITIONAL VASRD CODE ASSIGNED TO THIS CASE	5000-9999 (ANY VALID VASRD CODE)
VASRD_3	ADDITIONAL VASRD CODE ASSIGNED TO THIS CASE	5000-9999 (ANY VALID VASRD CODE)
VASRD_4	ADDITIONAL VASRD CODE ASSIGNED TO THIS CASE	5000-9999 (ANY VALID VASRD CODE)

APPENDIX G
ARMY CASUALTY INFORMATION
PROCESSING SYSTEM VARIABLES

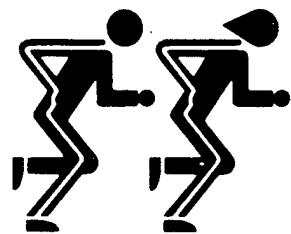
VARIABLE	DESCRIPTION	VALUE
ATGPEBD	PAY ENTRY BASIC DATE- THE CALENDAR DATE FROM WHICH AN INDIVIDUAL/S CREDITABLE SERVICE IS COMPUTED FOR SALARY PURPOSES.	ANY VALID DATE
BASD	MILITARY BASIC ACTIVE SERVICE DATE; THE CONSTRUCTIVE CALENDAR DATE THAT ESTABLISHES THE BEGINNING OF AN INDIVIDUAL/S CREDITABLE ACTIVE FEDERAL SERVICE.	ANY VALID DATE
BIRTHDT	INDIVIDUAL BIRTH DATE; THE CALENDAR DATE ON WHICH AN INDIVIDUAL WAS BORN	ANY VALID DATE
CATCD	CASUALTY CATEGORY CODE; AN ENCODED REPRESENTATION OF THE STATUS OF AN INDIVIDUAL INVOLVED IN A CASUALTY.	A(BESIEGED)/ B(BELEAGUERED)/ C(CAPTURED)/ D(DIED OF WOUNDS RECEIVED IN ACTION)/ G(MISSING IN ACTION)/ I(INTERRED)/ K(KILLED IN ACTION)/ M(MISSING)/ T(DETAINED)/ OR X(OTHER).
CITYNM	CASUALTY-INCIDENT CITY NAME; THE DESIGNATION OF THE POPULATED PLACE AN EVENT INVOLVING A CASUALTY OCCURRED.	CHAR(25)
COBASIC	COMMISSIONED-OFFICER BASIC BRANCH CODE; AN ENCODED REPRESENTATION OF THE BRANCH OF THE ARMY TO WHICH A COMMISSIONED OFFICER IS COMMISSIONED OR TO WHICH HE/SHE IS SUBSEQUENTLY TRANSFERRED OR APPOINTED.	CHAR(2)
CTRYCD	CASUALTY-INCIDENT COUNTRY CODE; AN ENCODED REPRESENTATION OF THE COUNTRY IN WHICH A CASUALTY EVENT OCCURRED.	SEE CASUALTY DICTIONARY PG.. A3-9 TO A3-17. ALSO REFER TO THE CTRYCD.CAS FILE
DEATHDT	INDIVIDUAL DEATH DATE; THE CALENDAR DATE ON WHICH AN INDIVIDUAL EXPIRED OR WAS PRONOUNCED DEAD.	ANY VALID DATE.
DODRPTCD	DEPARTMENT-OF-DEFENSE CASUALTY REPORTING CATEGORY CODE; AN ENCODED REPRESENTATION OF A CLASSIFICATION REGARDING A CASUALTY FOR DEPARTMENT OF DEFENSE REPORTING PURPOSES.	SEE CASUALTY DICTIONARY PG. A3-58. ALSO REFER TO THE DODRPTCD.CAS FILE.
DTHCIRC	CASUALTY DEATH CIRCUMSTANCE CODE; AN ENCODED REPRESENTATION OF A CASUALTY CIRCUMSTANCE OF DEATH REPORTED ON THE REPORT OF CASUALTY MESSAGE.	SEE CASUALTY DICTIONARY PGS. A3-21 TO A3-22. ALSO REFER TO THE DTHCIRC.CAS FILE.
ENLCMFCD	ENLISTED CAREER MANAGEMENT FIELD CODE; AN ENCODED REPRESENTATION OF A GROUPING OF RELATED MILITARY OCCUPATIONAL SPECIALTIES-ENLISTED THAT ARE RENEWING AND CAN BE MANAGED IN TERMS OF BOTH MANPOWER AND PERSONNEL.	SEE CASUALTY DICTIONARY PGS. A3-61 TO A3-62. ALSO REFER TO THE ENLCMFCD.CAS FILE.
GENCAUSE	CASUALTY GENERAL CAUSE CODE; AN ENCODED REPRESENTATION OF A BROAD CATEGORIZATION OF THE REASON FOR WHICH AN INDIVIDUAL IS DETERMINED TO BE A CASUALTY.	A(accident)/ B(HOSTILE ACTION)/ H(HOMICIDE)/ I(IllNESS)/ M(MISSING)/ P(DETERMINATION PENDING)/ S(SUICIDE)/ T(TERRORIST ACTIVITY)/ OR Z(UNKNOWN).
INCNTCI_X	CASUALTY-INCIDENT CIRCUMSTANCES TEXT; AN UNFORMATTED CHARACTER STRING WHICH DESCRIBES THE CIRCUMSTANCES OF A CASUALTY INCIDENT REPORTED ON THE REPORT OF CASUALTY.	CHAR(254)
INCNTIDC	CASUALTY-INCIDENT IDENTIFICATION CODE; AN ENCODED REPRESENTATION WHICH UNIQUELY IDENTIFIES A SPECIFIC MASS CASUALTY EVENT.	CIV(CIVIL WAR)/ KOR(KOREA)/ OTH(OTHER)/ POS(POST SOUTHEAST ASIA)/ SEA(SOUTHEAST ASIA)/ WII(WORLD WAR II)/ OR WWI(WORLD WAR I).
INDBIRCY	INDIVIDUAL BIRTH COUNTRY CODE; THE ENCODED REPRESENTATION OF THE COUNTRY IN WHICH AN INDIVIDUAL WAS BORN.	SEE CAS_CTRY_CD FOR CODES (CASUALTY DICTIONARY OR THE CTRY.CAS FILE).

INDETHNI	AN ENCODED REPRESENTATION OF A SEGMENT OF THE POPULATION THAT POSSESSES COMMON CHARACTERISTICS AND A CULTURAL HERITAGE SIGNIFICANTLY DIFFERENT FROM THAT OF THE GENERAL UNITED STATES POPULATION AND CLOSELY IDENTIFIED WITH THAT CULTURAL HERITAGE.	SEE CASUALTY DICTIONARY PGS. A3-70 TO A3-72. ALSO REFER TO THE INDETHNI.CAS FILE.
INDMARTL	INDIVIDUAL MARITAL STATUS CODE; AN ENCODED REPRESENTATION OF AN INDIVIDUAL/S LEGAL STATUS AS IT RELATES TO MARRIAGE.	A(ANNULLED)/ D(DIVORCED)/ I(INTERLOCUTORY)/ L(LEGALLY SEPARATED)/ M(MARRIED)/ S(SINGLE)/ OR W(WIDOWED).
INDRACEP	INDIVIDUAL RACE POPULATION GROUP CODE; THE ENCODED REPRESENTATION OF A DIVISION OF THE HUMAN POPULATION HAVING DESCENT OR ORIGIN IN PARTICULAR PEOPLES OR RACIAL GROUPS.	SEE CASUALTY DICTIONARY PG. A3-78. ALSO REFER TO THE INDRACEP.CAS FILE.
PAYENTL	THE ENCODED REPRESENTATION OF A PAY ENTITLEMENT OVER AND ABOVE BASIC PAY AUTHORIZED TO AN INDIVIDUAL FOR PERFORMANCE OF HAZARDOUS DUTY UNDER COMPETENT ORDERS.	75=FLY CREW/76=FLY NON-CREW/77=FLIGHT DECK/78=SUBMARINE/79=PARACHUTE/80=DEMOLITION/BN=TOXIC FUEL PROPELLANTS/BP=TOXIC PESTICIDES/BQ=AVIATION CAREER/BT=EXPERIMENTAL STRESS DUTY/BU=DANGEROUS VIRUS LAB/BW=CHEMICAL MUNITIONS
RANKAB	ARMY MILITARY RANK ABBREVIATION; THE SHORTENED FORM OF A SERVICE MEMBER/S OFFICIAL STANDING WHICH ESTABLISHES RELATIVE SENIORITY IN THE US ARMY/S HIERARCHICAL STRUCTURE.	SEE CASUALTY DICTIONARY PGS. A3-1 TO A3-3. ALSO REFER TO THE RANKAB.CAS FILE.
SEXCODE	INDIVIDUAL SEX CODE; THE ENCODED REPRESENTATION OF THE DIVISION OF HUMAN BEINGS INTO TWO GROUPS BASED ON DIFFERING PHYSIOLOGICAL CHARACTERISTICS.	F(FEMALE) OR M(MALE).
SSNENCID	ENCODED SSN	
SUPPLCAU	CASUALTY SUPPLEMENTAL CAUSE CODE; AN ENCODED REPRESENTATION WHICH PROVIDES ADDITIONAL INFORMATION TO SUPPLEMENT THE GENERAL CAUSE OF AN INDIVIDUAL/S CASUALTY.	SEE CASUALTY DICTIONARY PG. A3-43 TO A3-44. ALSO REFER TO THE SUPPLCAU.CAS FILE..
USSTACD	CASUALTY-INCIDENT US-STATE CODE; AN ENCODED REPRESENTATION OF THE STATE IN WHICH A CASUALTY EVENT OCCURRED	SEE CASUALTY DICTIONARY PG. A3-45 TO A3-47. ALSO REFER TO THE USSTACD.CAS FILE.
VEHCLASS	CASUALTY VEHICLE CLASSIFICATION CODE; AN ENCODED REPRESENTATION OF THE CATEGORY OF VEHICLE INVOLVED IN A CASUALTY INCIDENT	A(AIRCRAFT)/ G(GROUND VEHICLE)/ M(MORE THAN ONE TYPE INVOLVED)/ S(WATERCRAFT)/ U(UNABLE TO CLASSIFY)/ OR Y(NONE).
VEHOWNCL	CASUALTY VEHICLE OWNERSHIP CLASSIFICATION CODE; AN ENCODED REPRESENTATION OF THE OWNERSHIP OF A VEHICLE INVOLVED IN A CASUALTY INCIDENT.	C(COMMERCIAL)/ G(US GOVERNMENT)/ M(MULTIPLE OWNERSHIP)/ N(CONTRACTOR)/ P(PRIVately OWNED VEHICLE)/ X(OTHER)/ OR Z(UNKNOWN).
VEHROLE	VEHICLE-CASUALTY INCIDENT INDIVIDUAL ROLE; AN ENCODED REPRESENTATION OF AN INDIVIDUAL/S ROLE IN RELATION TO A VEHICLE INVOLVED IN A CASUALTY-INCIDENT.	A(ADVISOR)/ B(COMMANDER)/ C(CO-PILOT)/ D(CREW CHIEF)/ E(OTHER CREW)/ F(DOOR GUNNER)/ G(OBSERVER)/ H(PASSENGER)/ J(PILOT/DRIVER)/ K(RADIO OPERATOR)/ P(NOT APPLICABLE-PEDESTRIAN)/ X(OTHER)/ OR Z(UNKNOWN).
VEHTYPE	AN ENCODED REPRESENTATION THAT IDENTIFIES THE SPECIFIC KIND OF VEHICLE THAT WAS INVOLVED IN A CASUALTY INCIDENT	CODES: A=AUTO/B=BUS/E=BICYCLE/H=HELICOPTER/K=TRAIN/L=APC/M=MOTORCYCLE/P=AIRPLANE/R=TRUCK/T=TRUCK/W=BOAT/X=OTHER/Z=UNK

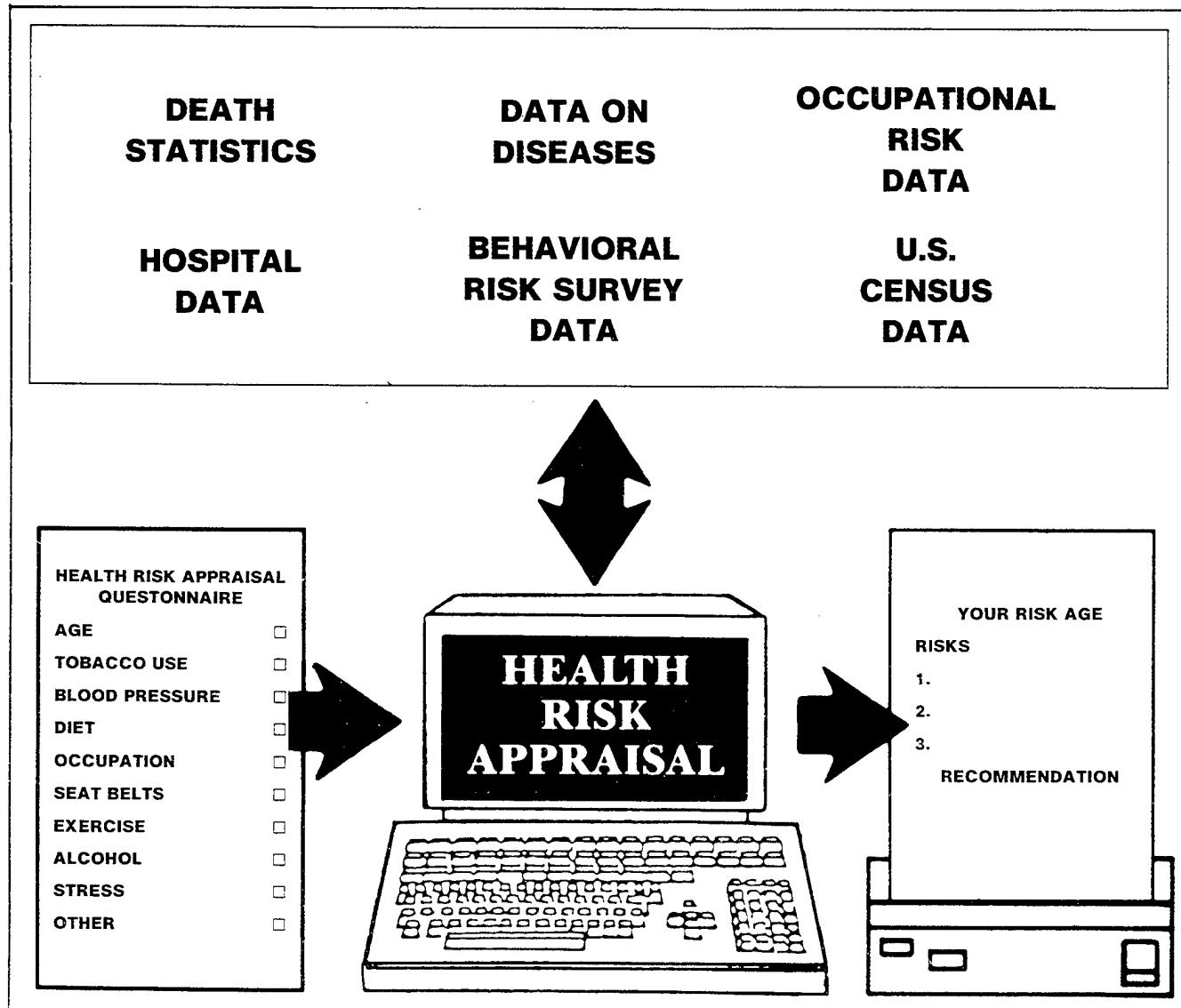
APPENDIX H
SAMPLE HEALTH RISK APPRAISAL FORM

THE HEALTH PROMOTION PROGRAM

fit to Win



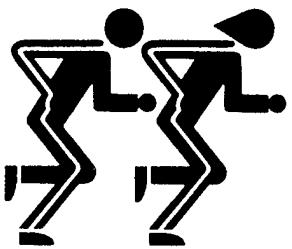
HEALTH RISK APPRAISAL



For use of this form, see AR40-501 and AR600-63; the proponent agency is TSG

DA Form 5675, 1 Feb 92 (Edition of Oct 90 is obsolete)

FIT TO WIN

TM

The HEALTH RISK APPRAISAL is an activity of

THE HEALTH PROMOTION PROGRAM

How does the Health Risk Appraisal work?

The health risk appraisal is a personalized estimation of your risks of death and major illness in the next ten years. First, the program uses your age and health-related personal habits, as well as national statistics on risk factors and diseases, to calculate your current risks.

Your risk may be expressed in terms of RISK AGE or HEALTH SCORE. Ideally, you want a risk age lower than your real age or a health score of 100 points.

The second part of your health risk appraisal calculates your risks again, as if your risk factors were reduced as much as possible. The result is your "target" risk age or health score. It shows your potential benefit, in health terms, of improving your lifestyle-if you quit smoking, wear safety belts, take moderate exercise, etc.

Therefore, your health risk appraisal report includes your real age, your current risk age and your target risk age. Your current risk age tells you how healthy your lifestyle is right now, and your target risk age lets you know how much longer and healthier you can live with a few positive changes in your lifestyle.

PLEASE ANSWER QUESTIONS AS HONESTLY AND AS CORRECTLY AS YOU CAN.
This will allow you to receive the most accurate assessment of your health.

The results of the Health Risk Appraisal are for you. We ask that you give us your name so we can return your results and any recommendations for follow-up care to you. We also ask for your social security number so we can statistically track trends in health awareness over long periods of time. Statistical information may be collected from a wide database which will contain your information, but your name and social security number will be covered and cannot be read.

The rules of the Privacy Act apply to any information that you give in the Health Risk Appraisal.

IMPORTANT NOTE! The health risk appraisal is no substitute for a physical examination or check-up. It will not give you a diagnosis nor will it tell you how long you will actually live. However, the health risk appraisal will help you understand and recognize your risk factors.

INSTRUCTIONS

Please use a No. 2 Pencil only to complete this survey. Make dark, black marks that fill the response boxes completely.

EXAMPLE: Correct

Incorrect



Health Risk Appraisal (HRA)

for use of this form, see

AR40-501 and AR600-63;

the proponent is TSG

1. What is your branch of service?

<input checked="" type="checkbox"/>	U.S. Army	<input type="checkbox"/> U.S. Marines
<input checked="" type="checkbox"/>	U.S. Navy	<input type="checkbox"/> U.S. Coast Guard
<input checked="" type="checkbox"/>	U.S. Air Force	<input type="checkbox"/> Other

2. What is your military status?

<input checked="" type="checkbox"/>	Active	<input type="checkbox"/> Reserve
<input checked="" type="checkbox"/>	Active Reserve	<input type="checkbox"/> Guard
<input checked="" type="checkbox"/>	Active Guard	<input type="checkbox"/> Other

3. What is your current rank?

ENLISTED		OFFICER	WARR. OFFIC.
<input checked="" type="checkbox"/>	E-1	<input type="checkbox"/> E-6	<input type="checkbox"/> WO-1
<input checked="" type="checkbox"/>	E-2	<input type="checkbox"/> E-7	<input type="checkbox"/> WO-2
<input checked="" type="checkbox"/>	E-3	<input type="checkbox"/> E-8	<input type="checkbox"/> WO-3
<input checked="" type="checkbox"/>	E-4	<input type="checkbox"/> E-9	<input type="checkbox"/> WO-4
<input checked="" type="checkbox"/>	E-5	<input type="checkbox"/> E-10	

4. What is your Unit Identification Code?

(Enter Specific Unit Identifier)

Print your Unit Identification Code in these blank boxes.

Then fill in the corresponding response box below each number/letter.

PRIVACY ACT STATEMENT

AUTHORITY: 29 CFR Chapter XVII, Occupational Safety and Health Standards; 5 U.S.C., section 150; Executive Orders 11612 and 11807 authorize the collection of this information.

PURPOSE: The primary use of this information is by the unit medical care providers to assure competent medical care. Additional disclosures of this information may be: To the Office of the Surgeons General in aggregated form to develop Command fitness profiles; to military medical researchers for the purpose of correlating health precursors to health problems or to commercial medical researchers for the same purpose. Where data from this system of records are provided to agencies external to the military, Social Security Number and Name will be deleted.

ROUTINE USES: Information may be disclosed to departments and agencies of the Executive Branch in performance of their official duties relating to health risk appraisal and cardiovascular screening.

DISCLOSURE: We ask that you give your name so we can return your results and any recommendations for follow-up care to you. We also ask for your social security number so we can statistically track trends in health awareness over long periods of time.

4.

UNIT CODE					
<input type="checkbox"/> A					
<input type="checkbox"/> B					
<input type="checkbox"/> C					
<input type="checkbox"/> D					
<input type="checkbox"/> E					
<input type="checkbox"/> F					
<input type="checkbox"/> G					
<input type="checkbox"/> H					
<input type="checkbox"/> I					
<input type="checkbox"/> J					
<input type="checkbox"/> K					
<input type="checkbox"/> L					
<input type="checkbox"/> M					
<input type="checkbox"/> N					
<input type="checkbox"/> O					
<input type="checkbox"/> P					
<input type="checkbox"/> Q					
<input type="checkbox"/> R					
<input type="checkbox"/> S					
<input type="checkbox"/> T					
<input type="checkbox"/> U					
<input type="checkbox"/> V					
<input type="checkbox"/> W					
<input type="checkbox"/> X					
<input type="checkbox"/> Y					
<input type="checkbox"/> Z					
<input type="checkbox"/> 0					
<input type="checkbox"/> 1					
<input type="checkbox"/> 2					
<input type="checkbox"/> 3					
<input type="checkbox"/> 4					
<input type="checkbox"/> 5					
<input type="checkbox"/> 6					
<input type="checkbox"/> 7					
<input type="checkbox"/> 8					
<input type="checkbox"/> 9					

5. Spouse (husband or wife of active duty or Military Retiree)
 Retiree
 Son or daughter of Active Duty or Military Retiree
 DOD Employee
 Non-DOD Employee
 Other

Mark ALL categories applicable to you.

6. WG GS SES GM
 1 6 11 16
 2 7 12 17
 3 8 13 18
 4 9 14
 5 10 15

6. If you are a Civilian Government Employee, enter your category and current pay grade.

7. LAST NAME

8. AD or RM
 Spouse of AD or RM
 1st 2nd 3rd 4th 5th Child
 Not Applicable

8. ARE YOU: (Mark ALL applicable categories)

Active Duty or Retired Military

Spouse of Active Duty or Retired Military

1st, 2nd, 3rd, 4th, or 5th child of Active Duty or Retired Military

Not Applicable

**9. YOUR SPONSOR'S SOCIAL SECURITY NUMBER
OR YOUR SOCIAL SECURITY NUMBER**

9. Print your SSN in the blank boxes. Then fill in the corresponding response box below each number.

- * If ACTIVE DUTY or RETIRED military, enter your SSN
- * If a FAMILY MEMBER OF active duty or retired, enter
sponsors SSN
- * For ALL OTHERS, enter your SSN

10. This Health Risk Appraisal is being administered in the following situation:

- 10. In-Processing
- Periodic Physical Examination
- Pre-Physical Fitness Test
- Occupational Health Program
- Walk-in
- Other

11. Racial/Ethnic Background

Mark the most appropriate category.

- 11. American Indian or Alaska Native
- Asian/Oriental White, Hispanic
- Black, Hispanic White, Non-Hispanic
- Black Non-Hispanic Other
- Pacific Islander

12. Marital Status.

Mark the most appropriate category.

- 12. Married Separated
- Never Married Widowed
- Divorced Other

- 13. MALE FEMALE

14. Your Age

15. Your Height

16. Your Weight

14. AGE

YEARS

15. HEIGHT

FEET INCHES

16. WEIGHT

POUNDS

**BEFORE you fill in the response boxes
write age, height, and weight at the
top of the columns.**

EXAMPLE:

**HEIGHT = 6 feet-0 inches
(Must enter if 0 inches)**

HEIGHT	
FEET	INCHES
6	0
4	<input checked="" type="checkbox"/>
5	<input type="checkbox"/>
6	<input type="checkbox"/>
7	<input type="checkbox"/>
8	<input type="checkbox"/>
9	<input type="checkbox"/>

17. What is your Body Frame Size?

17.

- Small
- Medium
- Large

**18. How often do you do exercises that improve muscle strength,
such as pushups, situps, weight lifting, a Nautilus/Universal
workout, resistance training, etc...?**

18.

- 3 or more times a week
- 1 or 2 times a week
- Rarely or never

**19. How often do you do at least 20 minutes of non-stop aerobic
activity (vigorous exercise that greatly increases your
breathing and heart rate such as running, fast walking, biking,
swimming, rowing, etc...)?**

19.

- 3 or more times a week
- 1 or 2 times a week
- Rarely or never

**20. How often do you eat high fiber foods such as whole grain
breads, cereals, bran, raw fruit, or raw vegetables?**

20. At every meal

- Daily
- 3-5 days a week
- Less than 3 days a week
- Rarely or never

**21. How often do you eat foods high in saturated fats such as beef,
hamburger, pork, sausage, butter, whole milk, cheese, etc...?**

21. At every meal

- Daily
- 3-5 days a week
- Less than 3 days a week
- Rarely or never

22. Do you usually salt your food before tasting?

22.

- YES
- NC

23	CAR/TRK/VAN	,000
a.		
	0	
	1	
	2	
	3	
	4	
	5	
	6	
	7	
	8	
	9	

23	MOTORCYCLE	,000
b.		
	0	
	1	
	2	
	3	
	4	
	5	
	6	
	7	
	8	
	9	

23.a. In the next 12 months how many thousands of miles will you travel by car, truck or van?

23.b. In the next 12 months how many thousands of miles will you travel by motorcycle?

NOTE: U.S. average for cars is 10,000 miles

24. Walk Sub/Compact Car Truck/Van
 Bike Mid or Full Car Stay at Home
 Motorcycle Bus/Subway/Train

24. On a typical day how do you usually travel? (Mark only one)

0	1								
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9

25. What percent of the time do you usually buckle your safety belt when driving or riding?

EXAMPLE: 50%



26. Within 5 MPH of limit 11-15 MPH Over
 6-10 MPH Over More than 15 MPH Over
 Don't Drive

26. On the average, how close to the speed limit do you usually drive?

27. NO. OF TIMES

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

28. NO. OF DRINKS

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

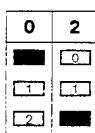
27. How many times in the last month did you drive or ride when the driver had perhaps too much alcohol to drink?

28. How many drinks of alcoholic beverages do you have in a typical week?

NOTE:

1 Drink = 1 glass of wine or wine cooler = 1 can of beer = 1 shot of liquor = 1 mixed drink.

EXAMPLE: 2 DRINKS



29. Yes No

29. Have you ever felt you should cut down on your drinking?

30. Yes No

30. Have people ever annoyed you by criticizing your drinking?

31. Yes No

31. Have you ever felt bad or guilty about your drinking?

32. Yes No

32. Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover (eye opener)?

33. Yes No

33. Do your friends ever worry about your drinking?

34. Yes No

34. Have you ever had a drinking problem?

35. Yes No

35. Have you ever been told that you have diabetes (or sugar diabetes)?

36. Yes No

36. Are you now taking medicine for high blood pressure?

37. Daily or almost daily

37. How often do you eat two well-balanced meals per day?

3 to 5 days a week

Less than 3 days a week

Rarely or never

38. Daily or almost daily

38. How often do you eat foods high in salt or sodium such as cold cuts, bacon, canned soups, potato chips, etc...?

3 to 5 days a week

Less than 3 days a week

Rarely or never

39.

Not Satisfied Somewhat Satisfied Mostly Satisfied Totally Satisfied Not Applicable

39. I am satisfied with my present job assignment and unit.

40. Money Supervisor No Problem

40. What causes the biggest problem in your life?

41. In the last year, how many serious personal losses or difficult problems have you had to handle (example, promotion passover, divorce/separation, legal or disciplinary action, bankruptcy, death of someone close, serious illness/injury of a loved one, etc.)?	41.	<input type="checkbox"/> Several	<input type="checkbox"/> Few									
		<input type="checkbox"/> Some	<input type="checkbox"/> None									
42. In general, how satisfied are you with your life (e.g., work situation, social activity, accomplishing what you set out to do)?	42.	<input type="checkbox"/> Not Satisfied	<input type="checkbox"/> Somewhat Satisfied	<input type="checkbox"/> Mostly Satisfied	<input type="checkbox"/> Totally Satisfied							
43. How often are there people available that you can turn to for support in bad moments or illness?	43.	<input type="checkbox"/> Never	<input type="checkbox"/> Hardly Ever	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Always							
44. How many hours of sleep do you usually get at night?	44.	<input type="checkbox"/> 5 Hours or less	<input type="checkbox"/> 6-8 Hours	<input type="checkbox"/> 9 Hours or more								
45. Have you seriously considered suicide within the last two years?	45.	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes, within the last year									
		<input type="checkbox"/> Yes, within the last 2 months	<input type="checkbox"/> No									
46. How often do you have any serious problems dealing with your husband or wife, parents, friends or with your children?	46.	<input type="checkbox"/> Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Seldom	<input type="checkbox"/> Never							
47. How often did you experience a major pleasant change in the past year? (for example, promotion, marriage, birth, award, etc.)?	47.	<input type="checkbox"/> Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Seldom	<input type="checkbox"/> Never							
48. How often has life been so overwhelming in the last year that you seriously considered hurting yourself?	48.	<input type="checkbox"/> Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Seldom	<input type="checkbox"/> Never							
49. In the past year, how often have you experienced repeated or long periods of depression?	49.	<input type="checkbox"/> Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Seldom	<input type="checkbox"/> Never							
50. In the past year, how often have your worries interfered with your daily life?	50.	<input type="checkbox"/> Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Seldom	<input type="checkbox"/> Never							
51. How often are you able to find times to relax?	51.	<input type="checkbox"/> Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Seldom	<input type="checkbox"/> Never							
52. How often do you feel that your present work situation is putting you under too much stress?	52.	<input type="checkbox"/> Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Seldom	<input type="checkbox"/> Never							
TOBACCO USE HISTORY												
53. How many cigars do you usually smoke per day?	53.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
54. How many pipes of tobacco do you usually smoke per day?	54.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
55. How many times per day do you usually use smokeless tobacco? (Chewing tobacco, snuff, pouches, etc.)	55.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5					
		<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	
EXAMPLE: 20 times												
56. CIGARETTE SMOKING How would you describe your cigarette smoking habits?	56.	<input type="checkbox"/> Never Smoked (SKIP TO QUESTION 58)										
		<input type="checkbox"/> Current Smoker										
		<input type="checkbox"/> Ex-Smoker										
57. STILL SMOKE	USED TO SMOKE	57. a. NUMBER	b. YEARS	c. AVERAGE								
a. How many cigarettes a day do you smoke?	b. How many years has it been since you smoked cigarettes fairly regularly?	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0								
		<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1								
		<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2								
		<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3								
		<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4								
		<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5								
		<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6								
		<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7								
		<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8								
		<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9								
58. About how long has it been since you had a rectal exam?	58.	<input type="checkbox"/> Less than 1 year										
		<input type="checkbox"/> 1 year										
		<input type="checkbox"/> 2 years										
		<input type="checkbox"/> 3 or more years										
		<input type="checkbox"/> Never										
59. When was the last time you visited the dental clinic for a check-up?	59.	<input type="checkbox"/> Within the last year										
		<input type="checkbox"/> Between one and two years ago										
		<input type="checkbox"/> Over two years ago										

60.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10	60. At what age did you have your first menstrual period?
	<input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20	
	<input checked="" type="checkbox"/> No Children <input type="checkbox"/> 10	61. How old were you when your first child was born?
61.	<input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20	
	<input type="checkbox"/> 21 <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30	
	<input type="checkbox"/> 31 <input type="checkbox"/> 32 <input type="checkbox"/> 33 <input type="checkbox"/> 34 <input type="checkbox"/> 35 <input type="checkbox"/> 36 <input type="checkbox"/> 37 <input type="checkbox"/> 38 <input type="checkbox"/> 39 <input type="checkbox"/> 40	
	<input type="checkbox"/> 41 <input type="checkbox"/> 42 <input type="checkbox"/> 43 <input type="checkbox"/> 44 <input type="checkbox"/> 45 <input type="checkbox"/> 46 <input type="checkbox"/> 47 <input type="checkbox"/> 48 <input type="checkbox"/> 49 <input type="checkbox"/> 50	
62.	<input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1 year <input type="checkbox"/> 2 years <input type="checkbox"/> 3 or more years <input type="checkbox"/> Never	62. How long has it been since your last breast X-ray (Mammogram)?
63.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10	63. How many women in your natural family (mother and sisters only) have had breast cancer?
64.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	64. Have you had a hysterectomy operation? (removal of the uterus)
65.	<input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1 year <input type="checkbox"/> 2 years <input type="checkbox"/> 3 or more years <input type="checkbox"/> Never	65. How long has it been since you had a pap smear for cancer?
66.	<input type="checkbox"/> Monthly <input type="checkbox"/> Rarely/Never <input type="checkbox"/> Every few months	66. How often do you examine your breasts for lumps?
67.	<input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1 year <input type="checkbox"/> 2 years <input type="checkbox"/> 3 or more years <input type="checkbox"/> Never	67. About how long has it been since you had your breasts examined by a physician or nurse?

68. Less than 1 year 2 years Never
 1 year 3 or more years

69. Monthly Rarely/Never Every few months

68. About how long has it been since you had a prostate (rectal) exam?

69. How often do you do a testicular (sex organs) self exam?

70.	TOTAL CHOL	71.	HDL CHOL	72.	12 HR. FAST	
0	0	0	0	0	0	
1	1	1	1	1	1	
2	2	2	2	2	2	
3	3	3	3	3	3	
4	4	4	4	4	4	
5	5	5	5	5	5	
6	6	6	6	6	6	
?	7	7	7	7	7	
	8	8	8	8	8	
	9	9	9	9	9	

X1.	0	1	2	3	4	5	6	7	8	9	10
X2.	0	1	2	3	4	5	6	7	8	9	10
X3.	0	1	2	3	4	5	6	7	8	9	10
X4.	0	1	2	3	4	5	6	7	8	9	10
X5.	0	1	2	3	4	5	6	7	8	9	10
X6.	0	1	2	3	4	5	6	7	8	9	10
X7.	0	1	2	3	4	5	6	7	8	9	10
X8.	0	1	2	3	4	5	6	7	8	9	10

APPENDIX I

HEALTH RISK ASSESSMENT SYSTEM VARIABLES

VARIABLE	DESCRIPTION	VALUE
ACTVY_LE	Frequency of Aerobic exercise	1=3+ times per week/2=1 or 2 times per week/ 3= rarely/never
AGE	Age in Years	years
AGE_CHIL	Age in years at first child/s birth/ 0 if no children	years
ANNOYED	others criticize drinking	1=yes/2=no
ATV_TRAV	Miles traveled by motorcycle/ATV in thousands	miles (thousands)
BAL_MEAL	Two balanced meals per day	1=daily/2=3-5 times per week/3=<3 days/week/4=rarely or never
BP_MEDIC	Take medicine for blood pressure	1=yes/2=no
BRCANCER	Number of family members who have had breast cancer	frequency
BREASTSE	How long since last self breast exam	1=monthly/2=rarely/never/3=every few months
BREAST_M	How long since last breast exam by a doctor	1=<1 year/2=1 year/3= 2 years/4= 3 or more years/ 5=never
CAR_TRAV	Miles traveled in car/truck/van in thousands	miles (thousands)
CIVILIAN	Char	0
CIV_EMPC	Civilian employment category	1=WG/2=GS/3=SES/4=GM
CIV_PAYG	Civilian pay grade	01-18 code
CVS_INDE	Char	0
DATECREA	System date from computer when respondent/s data was entered	YYYYMMDD
DENTLVIS	Last dental visit	1= within 1 year/2= 1-2 years/3= over 2 years
DEPRESSI	Periods of depression	1=often/2=sometimes/3= seldom/4=never
DIABETES	Ever had diabetes	y=yes/n=no
DIASTOLI	Diastolic Blood pressure	number
DIET_FAT	Frequency eat high fat foods	1=every meal/2=daily/3=3-5 times per week/4=<3 days per week/5=rarely or never
DIET_FIB	Frequency eat high fiber foods	1=every meal/2=daily/3=3-5 times per week/4=<3 days per week/5=rarely or never
DRINKDRI	Frequency ride with drunk driver or drive after drinking per month	frequency/month
DRINK_PR	Ever had a drinking problem	1=yes/2=no
DRINK_WE	Drinks per week	drinks/week
EKG	Most recent EKG	1=normal/2=abnormal with Left Ventricle Hypertrophy/3= abnormal without left ventricle hypertrophy/ 4= unknown
ETHNIC_G	Racial/Ethnic background	1=American Indian/2=Asian/3=Black Hispanic/4=Black/5=Pacific Islander/6=White Hispanic/7=White/8=Other
EXAM_DAT	Date physician examined respondent in mm/dd/yy format	mm/dd/yy
EXTRA_SA	Salt food before tasting	1=yes/2=no
EYE_OPEN	Have an eye opener drink	1=yes/2=no
FAM_PREF	Family prefix	0
FAM_PROB	Frequency of family problems	1=often/2=sometimes/3= seldom/4=never
FBG	Num.	0
FEELGUIL	Felt guilty about drinking	1=yes/2=no
FIRST_IN	First Name initial	0
FRAME_SI	Your body frame size	1=small/2=medium/ 3=large
FREQ_LOS	Personal misfortunes in last year	1=several/2=some/3=few/4=none
FUN_CHAN	Pleasant life change in last year	1=often/2=sometimes/3= seldom/4=never
GENDER	gender	1=male/2=female
HDL	HDL cholesterol	number
HEIGHT	height in feet/ height in inches	feet/inches; a=height in feet 15b=height in inches
HIGHSODI	How often eat high sodium foods	1=daily/2=3-5 times per week/3=<3 days per week/4=rarely or never
HOURSSLE	Hours of sleep per night	1=5 or less/2= 6-8hrs/3= 9 or more
HRADYEAR	YEAR OF FILE	
HRAVERS1	Char	0
HRA_REAS	HRA administration situation	1=in-processing/2=physical exam/3=pre-physical/4=occupational health/5=walk-in/6=other
HYSTEREC	Had a hysterectomy	1=yes/2=no
JOBSATIS	Satisfaction with job	1=not satisfied/2=somewhat satisfied/3=mostly satisfied/4=totally

		satisfied/5=Not applicable
LESS_DRN	Think about cutting down on drinking	1=yes/2=no
LIFEORWR	Life overwhelming	1=often/2=sometimes/3= seldom/4=never
LIFESATI	How satisfied with life	1=not satisfied/2=somewhat satisfied/3=mostly satisfied/4=totally satisfied
LIFE_PRO	Biggest Life problem	1=money/2=social life/3=family/4=supervisor/5=job/6=health/7=no problem
MACOM	Char	()
MAMMOGR_A	How long since last mammogram	1=<1 year/2=1 year/3= 2 years/4= 3 or more years/ 5=never
MARITAL	Current marital status	1=married/2=never married/3=divorced/4=separated/5=widowed/6=other
MENARCHE	Age in years at first menstrual period	years
MIL_BRAN	Branch of military service	1=Army/2=Navy/3=Air Force/4=Marines/5=Coast Guard/6=Other
MIL_RANK	Current military rank	1=E1/2=E2/3=E3/4=E4/5=E5/6=E6/7=E7/8=E8/9=E9/10=O1/11=O2/12=O3/13=O4/14=O5/15=O6/16=17/17=O8/18=O9/19=O10/20=WO1/21=WO2/22=WO3/23=WO4
MIL_STAT	Current military status	1=active/2=active reserve/ 3=active guard/ 4=reserve/ 5=guard/ 6=other
MODE_TRA	Typical travel mode	1=walk/2=bicycle/3=motorcycle/4=compact car/5=mid/full car/6=bus/subway/train/7=truck/van/8=stay home
MTF	4-character medical treatment facility code entered into software setup of HRA	4-character code
MUSCLE_B	Frequency of strength exercise	1=3+times per week/ 2=1 or 2 times per week/3=rarely/never
NUMCIGQU	Number of cigarettes smoked per day (blank if Smoke Status not =Ex-smoker)	frequency/day
NUM_CIG1	Number of cigarettes smoked per day (blank if Smoke Status not =current)	frequency/day
NUM_CIGA	Number of cigars smoked per day	frequency/day
NUM_PIPE	Number of pipes of tobacco smoked per day	frequency/day
NUM_SMOK	smokeless tobacco use per day	frequency/day
OTHRSWOR	Friends worry about drinking	1=yes/2=no
PAPSMEAR	Years since last pap smear	1=<1 year/2=1 year/3= 2 years/4= 3 or more years/ 5=never
PHASE_CO	Results of cardiovascular exam	A=non-ref /Q=ref-AR 40-01/O=ref-phys eval/B=not sig-treadmill/C=not sig thallium/E=not sig-cardiac cath/R=not sig-phys eval/ D=not sig-other J=sig-treadmill/K=sig.-thallium stress/M= sig-cardiac cath/S=sig-phys eval/L= sig-other/N=sig-perm profile
PROSTATE	How long since last prostate exam	1=<1 year/2=1 year/3= 2 years/4= 3 or more years/ 5=never
RECTALEX	Time since last rectal exam	1=<1 year/2=1 year/3= 2 years/4= 3 or more years/ 5=never
RELAXTIM	Find times to relax	1=often/2=sometimes/3= seldom/4=never
SEATBLTU	Percentage of time wear seatbelt	percentage
SMOKE_ST	Cigarette smoking habits	1=never smoked/2= ex-smoker/3= current
SPEEDLIM	Driving speed over limit	Average speed/ 1=within 5MPH/2= 6-10 MPH over/3=11-15 MPH over/4=>15MPH over/5= Don/t drive
SSNENCID	ENCODED SSN of individual	
SUICIDAL	Last time considered suicide	1=yes/2=yes within year/3=yes within two months/4= no
SUPPORTE	When are there people to turn to	1=never/2=hardly ever/3=sometimes/ 4=always
SYSTOLIC	Systolic Blood pressure	number
TESTICLE	Testicle self-exam	1=monthly/2=rarely/never/3=every few months
TOTAL_CH	Total cholesterol	number
UIC_CODE	Unit Identification code	alphanumeric code (6)
VALID_UI	Num	()
WEIGHT	weight in pounds	pounds
WELLNESS	Char	()
WORKSTRE	Too Much Work Stress	1=often/2=sometimes/3= seldom/4=never
WORRIES	Worries interfered with life	1=often/2=sometimes/3= seldom/4=never
YRSQUITC	Number of cigarettes smoked per day (blank if Smoke Status not =Ex-smoker)	years

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